Terrebonne General Medical Center
JUNIOR VOLUNTEER APPLICATION

Name: _____ Date:_____

Address:_____
Street City State / Zip

Phone:_____ Cell Phone:_____

Are you under the age of 18: (Yes / No) If yes, how old are you:_____

School Attending: _____ Future Career Interest/Goals:_____

Emergency Contact Person:_____
Name Relationship Phone

Family Physician:_____Phone:_____

Are you physically able to perform the job duties associated with the position you are applying for? _____

_____

Volunteer Experience

Institution	Address	Phone Number	Dates

Please Select the Most Preferred Time to Work

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Applicant Signature:_____Date:_____

Parent Signature: _____Date:_____
(only applicable if under the age of 17)

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual preference/orientation, qualified disability and veteran status.