

JUNIOR VOLUNTEER APPLICATION

Name: _____ Date: _____
Home Number: _____
Cell Number: _____
Email: _____
Grade Level: _____

Age (*Please check one.*): Under 14 15 to 18

Address _____
Street City Zip Code

School: _____ School Division: _____

Parents' Names: _____

Parents' Address: _____

In case of emergency, call: _____
Name Home/Cell Numbers

Address Zip Code

What prompted you to apply at LSP? _____

Past Volunteer Experience? _____

References: _____
Name Address Telephone #

Name Address Telephone #

Which day(s) do you wish to volunteer? _____ Hours? _____

Please check the volunteer services you prefer. (*Check all that interest you.*):

Dining Room Assignment(s) Before Meals During Meals After Meals

Linen Room (*folding small items*)

Pantry

Diversional Activities w/ Residents.

Preparation for Special Events

Special events

Other _____

[For Interviewer's Use Only]

Interviewed by: _____ Date _____

The following arrangements have been made:

Comments: