

Junior Volunteer Application/2023

Covid 1 & 2 and Influenza Vaccines Required

Date: \_\_\_\_\_  
Month Day Year

Male  Female

Name: \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ High School/College \_\_\_\_\_ Current Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Business Phone(s) \_\_\_\_\_

Father

Mother

IN EMERGENCY NOTIFY:

WORK OR TRAINING EXPERIENCE:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cashiering

Computer Skills

Telephone (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_

Sales

Arts & Crafts

Clerk

Typing

Speed \_\_\_\_\_

Company Name \_\_\_\_\_ City/Zip \_\_\_\_\_

Bookkeeping

Other \_\_\_\_\_

Filing

Volunteer Experience \_\_\_\_\_ Career Plans \_\_\_\_\_

School Activities \_\_\_\_\_

Other Activities \_\_\_\_\_ Hobbies \_\_\_\_\_

Do you have a part time job? \_\_\_\_\_ Company \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

How did you hear about our program? (check all that apply) School \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper ad \_\_\_\_\_ Other \_\_\_\_\_

Vacation Dates: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

FOR OFFICE USE ONLY:

TIME AVAILABLE: M TU W TH

UNIFORM SIZE

Interview Date: \_\_\_\_\_

Morning (9:00 -12:00) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Afternoon (12:00 -3:00) \_\_\_\_\_

Shirt Size: \_\_\_\_\_

TB Consent Form: \_\_\_\_\_

Permission Slip: \_\_\_\_\_