

Jupiter Medical Center Auxiliary Teenage Volunteer Application

Last name:	First name:	Middle initial:	
Preferred first name on ID badge:	E-mail:		
Address:	City:	Zip:	
Home phone: ()	Cell Phone: (()	
Date of Birth (mm/dd/yy):	Name of Hig	Name of High School:	
Name of Guidance Counselor:	Phone:		
Which healthcare field do you intend to p	oursue:		
Volunteer Experience (summarize you	r current or previous volunt	eer experience):	
Parent(s) or Guardian			
Name:		□ Parent(s) □ Guardian	
Address (if different from yours):			
Home phone: ()	Cell phone: ()	
Person to notify in case of an emergency	<i>y</i> :.		
Name:	Phone:		
Availability			
During which hours are you available for	volunteer assignments?		
□ Weekday mornings	□ Weekend	mornings	
□ Weekday afternoons	□ Weekend	□ Weekend afternoons	
□ Weekday evenings	□ Weekend	□ Weekend evenings	

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upiter Medical Center?
the ages of 15-18, must maintain a minimum 3.0 thcare field.
affirm that the facts set forth in it are true and presentation or omission of fact in this application inter Auxiliary, regardless of the time of discovery. Seement is contingent upon satisfactory completion round investigation, training and approval by the volunteer placement is not for any definite period erminated at any time by myself or by the Jupiter ason.
does not discriminate on the basis of race, color, ion, or disability in the selection and placement of eir interests as they match the needs of Jupiter
Date:
Date: