



Bristol Health Junior Volunteer Application

Name:	DOB:
EMAIL: <i>(please print)</i>	Date:
Cell:	
Address:	
City, State, Zip:	
School:	Grade:
Name of Parent(s) or Guardian(s):	
In Case of Emergency:	
Telephone:	Cell:
Extra-curricular Activities or Clubs:	
Special Skills:	
Languages:	
Do you have prior Volunteer or Work Experience:	
What is your reason for volunteering in the HealthCare Setting:	
Transportation: If you are selected as a volunteer, how will you arrange to arrive here?	



**Bristol Health
Junior Volunteer Program
*Parental Consent Form***

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Should you have any questions about the nature of our program, now or at any time in the future, please do not hesitate to call us at (860) 585-3338.

We ask that you assist your child by attempting to avoid other commitments on their assigned volunteer day. This would include doctor / dentist appointments and work schedules. Our program depends upon a specific number of juniors to be available on each day so that we can honor our service commitments to other departments. Juniors are expected to be in uniform khaki colored pants or skirts with a navy blue polo shirt and wearing closed-toed shoes. Summer program hours run from 9:00 AM to 3:00 PM, while the academic year program hours are typically 1:30 until 4:00 PM.

Upon orientation, the junior volunteers are provided with a set of guidelines to follow. Any deviation from these guidelines, including two unexcused absences, may result in dismissal from the program.

I understand that my child, _____, wishes to be considered for volunteer work at Bristol Health and I give permission for him/her to serve in that capacity, if accepted by the hospital. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties, and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to hospital policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Name: _____

Relationship to volunteer applicant: _____

Date: _____