

**STUART LAKE HOSPITAL AUXILIARY
JUNIOR VOLUNTEER APPLICATION**

NAME: _____
 Last **First** **Middle**

ADDRESS: _____

HOME PHONE: _____ **CELL:** _____

E-MAIL: _____

BIRTH DATE: _____ **AGE:** _____

PARENT/GUARDIAN NAME: _____

PHONE: _____

PREVIOUS VOLUNTEER EXPERIENCE: Yes _____ No _____

HOBBIES, INTERESTS, TRAINING WORK EXPERIENCE: _____

COMMUNITY AFFILIATIONS (CHURCH, CLUBS ETC.): _____

WHY WOULD YOU LIKE TO BE A JUNIOR VOLUNTEER? _____

**PLEASE GIVE THE NAME AND NUMBER OF SOMEONE WHO CAN GIVE
YOU A REFERENCE (NO FRIENDS OR RELATIVES PLEASE):**
