

**UNITED MEMORIAL MEDICAL CENTER
JUNIOR VOLUNTEER APPLICATION**

NAME: _____ DATE: _____
 ADDRESS: _____
 CITY/STATE/ZIP CODE _____
 TELEPHONE NUMBER: _____
 E-MAIL ADDRESS _____

Number of hours per week you would like to volunteer: _____

Please indicate the days and times you are available to volunteer in the box below:

YOU MUST BE AT LEAST 12 YEARS OLD TO VOLUNTEER

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

What type of volunteer work interests you? Please check appropriate choices

- Greeter at Front Desk (You must be at least 16 years old)
- Patient Menu Aide (You must be at least 16 years old)
- Kiosk Aide (You must be at least 12 years old)

Education: What Grade are you currently in? _____ Where? _____

Please list any special skills or hobbies: _____

Please list all previous volunteer experiences:

ORGANIZATION	FROM	TO	VOLUNTEER POSITION

It is Hospital policy that all volunteers meet specific health requirements before beginning their volunteer assignment. Volunteers are also required to have an annual health assessment.

SIGNATURE OF APPLICANT _____ DATE _____

RETURN APPLICATION TO: Volunteer Coordinator, United Memorial Medical Center, 127 North Street, Batavia, NY 14020. For additional information please call the Volunteer Coordinator at 344-7465 OR E-mail: ktennity@ummc.org.