

**FERNCLIFF NURSING HOME
JUNIOR VOLUNTEER APPLICATION**

Name _____ Date of Birth _____

Street Address _____ City, State _____ Zip Code _____

Home Phone _____ School _____ Current Grade _____

E-mail address: _____

Work/Volunteer Experience _____ Career Interests _____

Hobbies, Skills, Special Interests _____

In Case of Emergency Notify:

Name _____ Relationship _____
Home Phone _____ Work Phone _____

Special Volunteer Interests:

_____ Visiting _____ Transporting _____ Activities _____ Other _____

Hours and Days Available to Volunteer: (please circle)

Mon. a.m. Mon. p.m. Tues. a.m. Tues. p.m. Wed. a.m. Wed. p.m.
Thurs. a.m. Thurs. p.m. Fri. a.m. Fri. p.m. Sat. a.m. Sat. p.m.
Sun. a.m. Sun. p.m.

Personal Reference

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

School Reference

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Junior Volunteer Signature: _____ Date: _____

Parent/Guardian's Name _____ Relationship _____
Street Address _____ City, State _____ Zip Code _____
Home Phone _____ Work Phone _____

I permit my (son/daughter) _____ to serve as a volunteer at Ferncliff Nursing Home. I realize the responsibility of the service and will cooperate with my son/daughter to comply with the rules and regulations which have been adopted.

Parent/Guardian Signature _____ Date _____