

**UNITED MEMORIAL MEDICAL CENTER
 JUNIOR VOLUNTEER APPLICATION
 YOU MUST BE AT LEAST 12 YEARS OLD TO VOLUNTEER**

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:

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

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

_____ 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 344-7432 or email sdoemling@ummc.org.