



Jr. Volunteer Application

(please print clearly)

First Name _____ Last Name _____

Email address _____ Phone _____

Preferred contact method (check one) _____ Email _____ Text _____ Call _____

Birth date _____ School Attending _____

Counselor's Name _____ Graduation Year _____

Jr. Volunteer shift times are as follows (you will work the same shift every week):

Monday through Friday 3:30 – 6:00 pm

Please circle all of the days and times you ARE AVAILABLE to volunteer:

Monday Tuesday Wednesday
Thursday Friday

Please list any athletic or extra curricular activities that you participate in, and the season they occur:

Activity Season (circle all that apply)
_____ fall winter spring summer year-round
_____ fall winter spring summer year-round
_____ fall winter spring summer year-round

(students in more than one season of sport or activity are usually selected for weekend shifts only)

I understand that volunteering for North Ottawa Community Health System is a long term commitment and understand a letter of recommendation is only written after 75 hours of volunteering, and upon request.

Applicant's Signature: _____ Date: _____