



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

Saturday 9:00 – 11:30 am, 11:30 am – 2:00 pm, 1:30 – 4:00 pm

Sunday 11:00 am – 1:30 pm, 1:30 – 4:00 pm

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

Monday	Tuesday	Wednesday	Thursday	Friday
Saturday 9:00-11:30	Saturday 11:30 – 2:00	Saturday 1:30 – 4:00		
Sunday 11:00 – 1:30	Sunday 1:30 – 4:00			

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: _____