

Youth Volunteer Application

Today's Date ____/____/____

Return application to volunteerservices@ynhh.org

Last Name:	First Name:	MI:	Gender:
Street Address:			
City:	State:	Zip:	
Home Telephone:	Cell Telephone:		
E-mail Address:	Birth Date:		
Name of High School:	High School Graduation Year: 20____		
Career interest:			
Special skills and talents:			
Other language(s) you speak fluently:			

EMERGENCY CONTACT

Name:	Relationship:		
Street Address:			
City:	State:	Zip:	
Home Phone:	Cell:	Business Phone:	
E-mail:			
Physician:	Telephone:		

ADDITIONAL/PREVIOUS VOLUNTEER and COMMUNITY ACTIVITIES

AGENCY/ORGANIZATION	POSITION	DATES

MORE ABOUT YOU

REFLECTION: Please share your reflection in the box below. Topics can include but are not limited to: a personal story, future career goal; aspirations; reasons for wanting to volunteer, etc. (Limit 1200 characters)

How would you describe your ideal volunteer experience? (Limit 800 characters)

What are some of your strengths and weaknesses? (Limit 400 characters)

For students under 18, parent/guardian signature is required.

I hereby accept to volunteer without pay at Yale New Haven Hospital. I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal.

Applicant's Signature: _____

I give permission for _____ to volunteer at Yale New Haven Hospital, and to be photographed in relation to his/her volunteer position. These photos may be used in marketing materials (Volunteer Voice newsletter, brochures, press releases to recruit volunteers, etc.).

Parent/Guardian Signature: _____

For students over 18, a criminal background check will be conducted.

For the safety of patients, their families, and hospital staff, the screening process for Yale New Haven Hospital volunteer applicants over age 18 includes a comprehensive background check, to be conducted with your signed authorization upon receipt of your application.

Applicant's Signature: _____ Date: _____

I have read, understand, and agree to this statement.

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