

# Youth Volunteer Application

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Return application to <a href="mailto:HighSchoolProgram@ynhh.org">HighSchoolProgram@ynhh.org</a></b>		
Last Name:	First Name:	MI: Pref. Gender Pronoun: He She They
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:		
<b>EMERGENCY CONTACT</b>		
Name:	Relationship:	
Street Address:		
City:	State:	Zip:
Home Phone:	Cell:	Business Phone:
E-mail:		
Physician:	Telephone:	
<b>ADDITIONAL/PREVIOUS VOLUNTEER and COMMUNITY ACTIVITIES</b>		
<b>AGENCY/ORGANIZATION</b>	<b>POSITION</b>	<b>DATES</b>

## 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 agree 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 or dismissal from a volunteer position.

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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