

OFFICE USE ONLY:

Interview Date: _____ Interviewed by: _____
Assignment: _____
Proof of MMR: _____
Reference Sent: _____ Reference Returned: _____
Accepted Y or N: _____ Orientation Date: _____

TEEN VOLUNTEER APPLICATION

MUST BE AT LEAST 14 YEARS OF AGE

APPLICATION DATE: _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____
NUMBER AND STREET

TOWN STATE ZIP CODE

TELEPHONE NUMBER: (HOME) _____ (CELL) _____

E-MAIL: _____ DATE OF BIRTH: _____

DATE AVAILABLE TO BEGIN: _____

SCHOOL INFORMATION:

HIGH SCHOOL: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

SCHOOL REFERENCE/TEACHER/GUIDANCE COUNSELOR: _____

GOALS FOR VOLUNTEERING: _____

INTERESTS/HOBBIES/TALENTS/EXTRACURRICULAR ACTIVITIES: _____

SPECIAL SKILLS/OTHER LANGUAGES: _____

IS VOLUNTEERING A REQUIREMENT FOR COMMUNITY SERVICE? YES NO NO. OF HOURS: _____

Attached to this application, please provide proof of your first and second Measles-Mumps-Rubella inoculations. A physician's note on letterhead, prescription pad, or school health records will suffice.

You will be contacted by the Department of Volunteer Services to arrange your interview.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Daytime Phone Number

Address

City/State/Zip Code

Mail completed application to:

Gurwin Jewish Nursing & Rehabilitation Center
Attn: Volunteer Office
68 Hauppauge Rd.
Commack, NY 11725
631-715-2555