



Adventist Health Bakersfield
Volunteer Services
Post Office Box 2615
Bakersfield, CA 93303
Tel: (661) 869-6559

Office use only Date Rec'd _____ Initials _____
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Junior Volunteer Spring/Summer 2018 Application

Name _____ Birth Date _____

Address _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Student's email address (personal email required) _____

Legal Guardian's Name _____

Legal Guardian's Primary Contact Phone Number: _____

Is your legal guardian aware of the commitment you are applying for? (circle one): Yes or No

School Attending _____

Current Grade (please circle one) 9th 10th 11th 12th High School Graduation year: _____

Do you have a family member working/volunteering at Adventist Health Bakersfield?

If yes: Name of employee/volunteer _____ Relationship to you: _____

State briefly your reasons for wanting to become a JR Volunteer at Adventist Health Bakersfield:

(You may attach a separate page if needed)

Application Deadline is Friday, January 12, 2018 by 4:30pm
Applications may be dropped off in the Gift Gallery in the main lobby of the hospital or mailed to the address above. Please note: Late or incomplete applications will not be accepted.

Application MUST include:

- ~Completed application~
- ~Teacher recommendation form~
- ~Copy of current transcript or report card~

