

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

Office use only

Date Rec'd____Initials_____

Junior Volunteer Spring/Summer 2018 Application

Name	Birth Date						
Address	Zip						
Iome Phone Number Cell Phone Number							
Student's email address (personal email re	quired)						
Legal Guardian's Name							
Legal Guardian's Primary Contact Phone	e Number:						
Is your legal guardian aware of the comm	nitment you are applying for? (circle one): Yes or No						
Current Grade (please circle one) 9 th 10 th 11 th	12 th High School Graduation year:						
•	ng/volunteering at Adventist Health Bakersfield?						
If yes: Name of employee/volunteer	Relationship to you:						
• • • • • • • • • • • • • • • • • • • •	me a JR Volunteer at Adventist Health Bakersfield: ay attach a separate page if needed)						
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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~

Teacher Recommendation

	e of Student	Last	First ecommendation for the above named			Middle
1.	•	ou known the app				
2.	Relationship to a					
3.	Please give you	personal appraisa	al of the ap	plicant with	regard to the foll	lowing:
		Outstanding	Good	Average	Below Average	
	Motivation	on 🗆				
	Reliabilit	у				
	Characte	er 🗆				
	Leaders	hip 🗆				
4.		t on what qualities teer Program. (Ple		•		ke him/her an asset
Nam	e (Please print)				_Phone Number	
Sian	ature				Date	