



Ascension Saint Joseph

TEEN VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____

Parent Phone # _____ Applicant Cell Phone: _____

E-Mail Address: _____

Contact in Case of Emergency:

Name	Relationship	Phone

Name of School: _____ Grade: _____

Year of Graduation: _____ Career Interest: _____

Volunteer Experience: _____

Interest, Skills, School Activities: _____

What days are you available to volunteer? Sun Mon Tues Wed Thurs Fri Sat

What times are you available to volunteer? Morning Afternoon Evening

I want to volunteer: Summers only Year round

Family Physician: _____ Phone: _____

Limitations Related to Health: _____

References: Please choose your references from among the following: teacher, minister, principal, employer, adult volunteer at this facility.

References:

1. Name: _____ Phone: _____

Address: _____
Street City State

2. Name: _____ Phone: _____

Address: _____
Street City State

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Your signature indicates your approval of your child's participation in the teen volunteer program, and your acknowledgment that he or she is in good health.

Submit applications to:
Shannon Carlson Manager,
Medical Staff Administration / Volunteer Services
Ascension Saint Joseph - Elgin 77 North Airlite Street | Elgin, IL 60123
t: 847.888.3086 | f: 847.931.5698
Shannon.Carlson@ascension.org

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