



*Sentara Healthcare  
Volunteer Application  
Jr. Program  
(Application Must Be Completed By Jr.)*

Application Date: \_\_\_\_\_

Date Received in Office: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
Last First Home Cell

Address: \_\_\_\_\_  
Number & Street City State Zip

DOB: \_\_\_\_\_ (Must Be 15 Years Old)

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship

Emergency Contact  
Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work Other

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**Education:**

Please Provide Copy of Last Semester Grades

School: \_\_\_\_\_

Career Goal: \_\_\_\_\_

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**Parental Permission:**

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
Parent / Legal Guardian Jr.

to participate in the Sentara Healthcare Jr. Volunteer Program, at Sentara \_\_\_\_\_ Hospital.

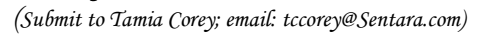
Parent / Legal Guardian Signature: \_\_\_\_\_

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**I Certify That The Information Contained In This Application Is True In All Respects. I Understand That If Any Information Is Found To Be False, I Am Subject To Dismissal Without Notice.**

Jr. Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



*You May Use Either A Word Processing Program Or Write Your Essay In The Space Below.*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.