



## JUNIOR VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_  
                    *Last*  *First*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**(Applicants must be at least 14 years of age and entering sophomore, junior or senior year.)**

Grade you are currently in: \_\_\_\_\_ High School: \_\_\_\_\_

Please attach the current official or unofficial transcript from your school, which also reflects your current GPA average, and a Letter of Recommendation from a teacher or counselor. Applications should be returned via email or mail only.

**School and other extracurricular activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to achieve as a junior volunteer?**

\_\_\_\_\_  
\_\_\_\_\_

**List three personal goals which support your career goal(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Available Preferences

Check Days Available:      Mon      Tue      Wed      Thur      Fri      Sat      Sun

Check Available Shift(s):      9AM-12PM      12-3PM      3-6PM      6-9PM

Available Start Date: \_\_\_\_\_

I certify that the information contained in this application is true to the best of my knowledge and, further, that any statement herein may be verified without causing liability to Sentara Northern Virginia Medical Center.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application materials to:**

By email: [SNVMCvolunteer@sentara.com](mailto:SNVMCvolunteer@sentara.com)

or

By mail: Sentara Northern Virginia Medical Center, Volunteer Services  
2300 Optiz Blvd., Woodbridge, VA 22191