



Volunteer Services

THE WILLIAM W. BACKUS HOSPITAL

FOR OFFICE USE ONLY

Interview: _____ By: _____
Proof of MMR: _____
Reference Sent: _____
Reference Returned: _____
Accepted Y or N: _____
Orientation Date: _____

APPLICATION FOR JUNIOR VOLUNTEERS

Application Date: _____

Deadline for accepting applications is April 1, for the Summer Program.

Applicant Information

Name: _____
Mailing Address: _____
City/State/Zip Code: _____
Home Telephone: _____ Email: _____
High School Grad. Year: _____ Date of Birth: _____ Social Security # _____ - _____ - _____

School Information

School: _____
Address: _____
City/State/Zip Code: _____
School Reference/Contact: _____
Interests/Hobbies/Talents/Extracurricular Activities: _____

Goals for your volunteering experience: _____

(Use reverse side of form if needed)

Is volunteering a requirement for Court Ordered Community Service? Yes No # of hours _____

Attach to this application proof of your first and second Measles-Mumps-Rubella inoculation, Varicella inoculation or date of disease. A physician's note on letterhead, prescription pad, or school nurse's note on school stationery will suffice.

All applicants must be at least 15 by June 1 and entering high school in the fall. You will be contacted by the Department of Volunteer Services to arrange your interview.

I approve of my son/daughter _____ volunteering his/her time at The William W. Backus Hospital and give my permission to him/her to participate in the summer volunteer program. I also give permission for Backus Hospital to contact the school reference listed above. I understand that the Junior Volunteer Program begins with an Orientation in June, continues through the summer months requiring one eight-hour volunteer day per week, and into the Fall, Winter and Spring for those students who are able to continue through the school year.

Mail Completed Application to:

Mary Rahaim, Director of Volunteer Services
The William W. Backus Hospital
326 Washington Street
Norwich, CT 06360
(860) 823-6320

Signature of Parent/Guardian
Print Name of Parent/Guardian
Address
City/State/Zip Code