



TriHealth Youth Volunteer Application (14-17 years of age)

___ Bethesda North ___ Good Samaritan ___ Other _____

Name _____

Address _____
Last First Middle
Number/Street Apt. # City State Zip Code

Birth Date _____
(Month-Day-Year)

Email (that you check regularly) _____

Phone Numbers: Home # _____ Cell # _____

Current School _____ Graduation Year _____ Present Grade _____

Father/ Guardian Name _____ Father's Phone _____

Father's Email _____

Mother/ Guardian Name _____ Mother's Phone _____

Mother's Email _____

Are you required to earn volunteer/ service hours? ___ yes ___ no

If yes, how many hours _____

How Did You Learn About Us?

___ School ___ Brochure ___ Church ___ Website ___ Own Idea

___ Newspaper ___ Friend/Relative (give name) _____

___ Other (explain) _____

Friends who currently volunteer with TriHealth: _____

Please List Any Previous Work or Volunteer Experience

WORK

VOLUNTEER

Preferred Hours Available to Volunteer (please place the hours available in appropriate box)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you desire to volunteer only during summer? yes no

Areas of Interest _____

Hobbies, Special Skills, Career and College Interests: _____

Why do you want to volunteer? _____

Personal Physician

Name _____ Address _____ Phone _____



Applicant's Signature **Date**

Parent's or Guardian's Consent

I, the undersigned, herewith consent that my daughter or son _____
may serve TriHealth, Inc. and affiliates as a Teenage Volunteer and expressly release TriHealth, Inc. and affiliates
from any and all claims which might arise out of service as a volunteer.

Parent or Guardian **Date**

Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.