



VOLUNTEER APPLICATION

Junior Volunteer (14-18) Volunteer

First Name _____ Middle Initial _____ Last Name _____

Address _____

Home Phone _____ Mobile Phone _____

Email Address _____

Birthdate _____ Social Security Number _____

When are you available to work? _____

Areas of interest: _____

Have you been convicted of a felony with in the last 7 years? YES NO

If yes, please explain: _____

Have you ever been found guilty by a court of law of abusing, neglecting, or mistreating an individual in a healthcare setting? YES NO

If yes, please explain: _____

Emergency Contact Information _____

Current employment information (if applicable) _____

Any community or volunteer affiliations _____

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Parent/Guardian *junior volunteers only*

1883 Shumway Hill Road Wellsboro, PA 16901 570.724.3913 broadacresnursing.com

We subscribe to a non-discrimination policy.  **EOE**