



Volunteer Services
2018 Summer Youth Program

DUE: April 13, 2018

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Rising (Circle one) Fr Soph Jr Sr

Activities in which you participate: \_\_\_\_\_

Do you currently volunteer for other organizations? [ ] Yes [ ] No

Where? \_\_\_\_\_

Have you participated in Huntsville Hospital and/or Madison Hospital Summer Youth Program before?
[ ] Yes, Year(s): \_\_\_\_\_ [ ] No

Please circle day(s) you are available: M T W Th F Sa Su

Person to call in case of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_
Phone: \_\_\_\_\_

Please indicate your shirt size (these are short sleeved polo shirts):

- Womens: \_\_\_ S (\$18) \_\_\_ M (\$18) \_\_\_ L (\$18) \_\_\_ XL (\$18) \_\_\_ XXL (\$19) \_\_\_ XXXL (\$21)
Mens: \_\_\_ S (\$18) \_\_\_ M (\$18) \_\_\_ L (\$18) \_\_\_ XL (\$18) \_\_\_ XXL (\$19) \_\_\_ XXXL (\$21)

\*\*Payment for shirts not due until orientation



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Checklist for Application: (Be sure to include the following)

- Application Form
- Transcript (unofficial is acceptable) or most recent Report Card

*\* Applications missing any of the above information will not be considered for participation in the Madison Hospital Summer Youth Program*

\_\_\_\_\_  
Signature of Youth Applicant      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Date

**Orientation will be held Thursday, May 10, 2018, from 4:30 p.m. – 6:00 p.m.**

**Program will run June 4 – July 27, 2018. (Youth volunteers MUST be able to work six of the eight weeks.)**