



Volunteer Services
2019 Summer Youth Program

DUE: April 5, 2019

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 (\$15) ___ M (\$15) ___ L (\$15) ___ XL (\$15) ___ XXL (\$16) ___ XXXL (\$18)
Mens: ___ S (\$15) ___ M (\$15) ___ L (\$15) ___ XL (\$15) ___ XXL (\$16) ___ XXXL (\$18)

**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 Tuesday, May 7, 2019, from 4:30 p.m. – 6:00 p.m.

Program will run June 3 – July 26, 2019. (Youth volunteers MUST be able to work six of the eight weeks.)