



Volunteer Services
2026 Summer Youth Program

DUE: April 1, 2026

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 - Wednesday, May 6, 2026, from 4:30 p.m. – 6:00 p.m.**

***Youth MUST be able to attend the orientation in order to participate in the program.***

**Program will run June 1 – July 31, 2026.**

***Youth volunteers MUST be able to work six of the nine shifts.***