



# Youth Volunteer Application (17 and under)

Please complete all information

**Personal Information:** Are you under 18 years old? \_\_\_Yes \_\_\_No

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Last Name	First Name	Middle Initial
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Address	City	State	Zip
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Home Phone	Cell Phone
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Date of Birth	Current Age
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Which school do you attend? \_\_\_\_\_ How many hours are required? \_\_\_\_\_

What organization are you volunteering through? \_\_\_\_\_

Are you in National Junior Honors Society or National Honors Society? \_\_\_Yes \_\_\_No

Sponsor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Emergency Information:

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Name	Relationship
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Home Phone	Work Phone	Cell Phone
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List any medication(s) that you are taking that we should be aware of \_\_\_\_\_

Do you have any health problems that might limit your ability to fulfill certain volunteer responsibilities?  
If yes please identify:

\_\_\_\_\_

I certify that the information in this application is correct to the best of my knowledge and belief. I also understand that my volunteer service can be terminated with or without cause and / or notice, at any time by RMHC.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_