



**Junior (14-17yrs) Volunteer**

**Application**

600 N. Robbins Road P.O. Box 1100 Boise, Idaho 83701  
Telephone 208-489-4918; Fax 208-489-4054 [www.idahoelksrehab.org](http://www.idahoelksrehab.org)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Street City State Zip

Phone Number Home: \_\_\_\_\_ Age \_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Email: \_\_\_\_\_ Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Have you been convicted of a crime?** Yes  No  ( If Yes, you will be asked to explain at interview)

Please list all of your after-school activities and any special summer activities you will be participating in.  
(Including Driver's Education if you will be taking it.) Feel free to attach a resume to this application to help expedite volunteer placement: \_\_\_\_\_

Do you have or plan to get a part time job? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Provide the names and addresses of two adult references that are not related to you:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

How will you normally get to the hospital? \_\_\_\_\_

How many miles do you live from the hospital? \_\_\_\_\_

Are you physically challenged for any particular tasks? Yes  No  If Yes, Please explain \_\_\_\_\_

What are areas you would like to volunteer in?

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

Please fill in times you are available to work:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Name and Phone Number of person to contacted in case of illness or emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ Date you can begin \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Volunteer Coordinator: Sandi Borup 489-4916, or [sborup@ierh.org](mailto:sborup@ierh.org) Volunteer office phone 489-4918