Idaho Elks Rehabilitation Hospital

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

Immunizations:
DPT Booster Date_____
Tetanus Booster Date_____
TB Test: neg._____ pos._____
Polio Booster:_____
Had mumps or inoculation?_____
Had Measles or inoculation?_____
Have you had Chicken Pox?_____
Any known allergies?_____

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?

1st_____

2nd _____

3rd _____

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 Volunteer office phone 489-4918