



**Jr. Volunteer PROGRAM – June 9, 2008  
6:00pm @ Hospital**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_

Have you ever worked as a Jr. Volunteer before?  YES  NO

Are you interested in a medical career?  YES  NO

If yes, list area of medical interest \_\_\_\_\_

Please list three adult references (other than family members)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Because of the importance of volunteer assignments, we need to know when you will not be available for work.  
Please list dates you know you will have to be off work. (vacations, summer camp, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Days preferred to work: \_\_\_\_\_

Shifts preferred to work:                      8:30 a.m. - 11:30 a.m.                      1:30 p.m. - 4:30 p.m.

**I have provided the above information and am interested in being considered for a Jr. Volunteer at  
Logan Medical Center. Return to Cathie Cordis, P. O. Box 1017, Guthrie, OK 73044  
Or e-mail [ccordis@loganhosp.com](mailto:ccordis@loganhosp.com)**

\_\_\_\_\_  
Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's signature \_\_\_\_\_ Date \_\_\_\_\_