

Applicant must read and sign below

**COMPLETED APPLICATION IS DUE FRIDAY, APRIL 16, 2010 by 5:00 p.m.
to the ETMC Volunteer Resources Office**

*Applications received after that time will be disregarded. Please read Criteria Sheet to ensure application is complete. Enrollment is limited and considered on a **first come first serve basis**. All returning Volunteers will receive first priority. Therefore, turn in your application as soon as possible with required information to assure your place. **A spot is not guaranteed; the sessions may fill up before April 16th.***

Applicant's signature: _____ **Print name:** _____

Your parent or guardian must read and sign below

**PERMISSION OF PARENT OR GUARDIAN FOR JUNIOR VOLUNTEER
TO SERVE AT EAST TEXAS MEDICAL CENTER TYLER**

I hereby give my permission for my son/daughter _____ to enroll in the Junior Volunteer program at East Texas Medical Center and to take the necessary instructions for work as a volunteer if he/she is accepted into the program. I understand that my child's placement may change according to what is needed by the hospital at that particular time. In addition, I give my permission for him/her to render the number of hours of service required and to attend regular meetings and participate in other activities of the Junior Volunteers. I certify the information given by my child in this application is correct and that any misstatement is grounds for dismissal from the ETMC Junior Volunteer Program. I understand the hospital is not to be held responsible in case of an accident.

X _____
Parent or Guardian's signature

Date

Parent or Guardian's printed name

**VOLUNTEER RESOURCES
1000 South Beckham
Tyler, Texas 75701
Courtney Mayfield, Associate – (903) 596-3751
Jacque Fowler, Director - (903) 531-8199**