

Student Volunteer Application 2019/2020

Date:

Contact Information

Student Name: First, Middle & Last	
Address: City, ST ZIP Code	
Cell Phone:	
School & Grade: 2019/2020	
Date of Birth:	
Age _____	

Photography

Your child may be photographed at LifeCare Medical Center for internal and external promotion of its organization. Please contact us if you have any questions regarding this.

More Information

Parent/Guardian Name:	
Cell Phone:	
Any health concerns we should be aware of:	
In case of emergency, please notify:	

Interests, Special Skills, School Activities, Clubs

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Annual influenza vaccines are mandatory for all employees and volunteers. Have you had a vaccination this year?
Yes _____ No _____ If so, when? _____

Your signature indicates your approval for your child's participation in the student volunteer program at LifeCare Medical Center, your acknowledgement that he or she is in good health, and your consent to act in case of an emergency. You also agree that photographs taken of your child, may be used for internal or external marketing purposes.

Volunteer Signature	
Parent Signature	
Date	