

Returnee \_\_\_\_ New \_\_\_\_

## Academic School Year Placement Information

Name _____	Age _____	
Address _____	E-mail _____	
(Street)	(City)	(Zip)
Home Phone _____	School attending _____	
Parent/Guardian (Father) _____	Work Phone _____	Home Phone _____
Parent/Guardian (Mother) _____	Work Phone _____	Home Phone _____
Emergency Contact (if different from names listed above) _____		
Relationship to you _____	Work Phone _____	Home Phone _____
Available Start Date _____	End Date _____	

Please review the following opportunities. **Placement information must be completed by the deadline outlined in the attached letter for the best opportunity to be placed with your first choice.** Make sure you meet the age requirement for all choices. From the youth volunteer opportunities at Stormont-Vail HealthCare, my preferences are:

**1<sup>st</sup> Choice - Department or Service:** \_\_\_\_\_

**2<sup>nd</sup> Choice - Department or Service:** \_\_\_\_\_

**3<sup>rd</sup> Choice - Department or Service:** \_\_\_\_\_

**4<sup>th</sup> Choice - Department or Service:** \_\_\_\_\_

If you are applying as a new volunteer, please bring this completed form to your interview.