

Summer Program Placement Information

Name _____		Age (as of 6/01/11) _____	
Address _____		E-mail _____	
(Street)	(City)	(Zip)	
Home Phone _____		School attending in Fall '11 _____	
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:

1st Choice - Department or Service: _____

2nd Choice - Department or Service: _____

3rd Choice - Department or Service: _____

4th Choice - Department or Service: _____

Please tell us whether you would be interested in being an on-call volunteer, in addition to your scheduled assignment. ____yes ____no

Check the eight weeks you are available this summer:

- | | |
|--------------------------------------|-----------------------|
| Week of May 30 _____ (closed May 30) | Week of July 11 _____ |
| Week of June 6 _____ | Week of July 18 _____ |
| Week of June 13 _____ | Week of July 25 _____ |
| Week of June 20 _____ | Week of Aug. 1 _____ |
| Week of June 27 _____ | Week of Aug. 8 _____ |
| Week of July 4 _____ (closed July 4) | |

If you are available after August 12, please give us your last available date _____

How many shifts would you like to volunteer per week? (check one)

___ **one, 4 hr. shift** ___ **two, 4 hr. shifts (separate days)** ___ **AM & PM shift, one day** ___ **AM & PM shift, two days**

Time(s) Available- List all times available. (This gives us more flexibility in placing you)

Mon. ___	Tues. ___	Wed. ___	Thurs. ___	Fri. ___	Sat. ___	Sun. ___
Morning ___	Morning ___	Morning ___	Morning ___	Morning ___	Morning ___	Morning ___
Afternoon ___	Afternoon ___	Afternoon ___	Afternoon ___	Afternoon ___	Afternoon ___	Afternoon ___
Evening ___	Evening ___	Evening ___	Evening ___	Evening ___	Evening ___	Evening ___