

Summer Program Placement Information

Name _____ Age (as of 6/01/10) _____

Address _____ E-mail _____

(Street) (City) (Zip)

Home Phone _____ School attending in Fall '10 _____

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 31 _____ | Week of July 12 _____ |
| Week of June 7 _____ | Week of July 19 _____ |
| Week of June 14 _____ | Week of July 26 _____ |
| Week of June 21 _____ | Week of Aug. 2 _____ |
| Week of June 28 _____ | Week of Aug. 9 _____ |

Week of July 5 _____ (closed July 5) If you are available after August 13, 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 ___ |