



**SIGNATURE HEALTHCARE
BROCKTON HOSPITAL**
JUNIOR VOLUNTEER APPLICATION FORM
(508) 941-7198
eceurvels-murphy@signature-healthcare.org

Name _____
(please print)

Address _____
(street) (city/town) (zip)

Telephone _____ Date of Birth _____

Parent or guardian _____

Person to call in event of an emergency (if different from above)

(name and telephone number)

School you are presently attending _____ Grade _____

References (please give 2 teachers' names at your school)

Do you speak another language? _____

Is there a certain type of hospital work that particularly interests you? If yes, please explain.

Where did you hear about the Junior Volunteer Program at Brockton Hospital?

Why do you want to volunteer in a hospital? _____

Do you have any family members or relatives working at Brockton Hospital? Yes No (circle one)

(signature) (date)