

**NEWTON MEMORIAL HOSPITAL  
NEWTON, NEW JERSEY**

Attn: Tania Dikun  
Volunteer Coordinator

**JUNIOR VOLUNTEER APPLICATION  
(Please Print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's or Guardian's Name(s): \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Clubs and Activities: \_\_\_\_\_

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***The program requires a commitment of fifty (50) hours  
(a minimum of three (3) hours of volunteer work per week).***

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**PARENT'S CONSENT FORM**

I hereby grant permission for my daughter/son to perform volunteer services at Newton Memorial Hospital if accepted into the Junior Volunteer Program. I understand the responsibilities involved (including the fifty (50) hour minimum commitment) and will cooperate with her/him to comply with the volunteer duties.

\_\_\_\_\_  
Signature of Parent or Guardian