



Teen Volunteer Application

Please fill out completely and return to HGB Administration; 321 E. Harris St.; Charlotte, MI 48813 or email to mhogan@hgbhealth.com or FAX to 517-541-0036

Date: _____

Name: _____

Address: _____
Street City ST ZIP

Home Phone: _____ Cell Phone: _____

Birthdate: ____/____/____ Email: _____

Parent or guardian: _____
Name Phone Email

School next fall: _____ Entering Grade: _____

Previous Volunteer Experience:

Office Experience (Check if any):
 Filing Copy machine Multi-line office phones
 Spreadsheets Graphics Scanning

How will you get to your volunteer: location?
 Walk Drive Bike Bus
 Other: _____

Why are you interested in being a teen volunteer?

How many hours per week would you prefer to volunteer: _____

Days and times you are available (please mark (X) all that you **ARE** available):

	MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
Mornings					
Afternoons					

Leave BLANK any times that you are NOT available, so we can see what the possibilities are for you to be given a teen volunteer assignment.

Note: At the orientation, you will learn about the opportunities available for this summer and have a chance to request your preferred location to volunteer.