



Beth Israel Deaconess Hospital
Needham

**BETH ISRAEL DEACONESS HOSPITAL – NEEDHAM
APPLICATION FOR JUNIOR VOLUNTEER SERVICES**

Name: _____
(Last) (First) (Middle)

Address: _____

Phone # _____ Cell Phone # _____

E-Mail Address: _____

Are you 14 years of age or older? _____

Parent/Guardian _____ Phone: _____

What school are you attending? _____

Special Interests: _____

Weekdays available/preferred: _____

Would you consider working a weekend? _____

Date: _____

Signature of Applicant

I give consent for my daughter/son to participate and give volunteer service to the hospital and state that he/she is physically able to carry out this obligation. I relieve Beth Israel Deaconess Hospital – Needham of any liability in connection with this service.

Date: _____

Signature of Parent/Guardian

Please return this application to the Director of Volunteer Service, Beth Israel Deaconess Hospital – Needham, 148 Chestnut Street, Needham, MA 02492. Please call 781-453-5499 with any questions.