



# VOLUNTEEN AND CANDY STRIPER APPLICATION

Mary Rutan Hospital

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Are you planning on entering a health related occupation after graduation?

If yes, what health care field: \_\_\_\_\_

Why are you interested in being a Volunteer / Candy Striper?

I am involved in the following school activities:

My hobbies are:

I want to volunteer \_\_\_\_\_ summers only

\_\_\_\_\_ year round

\_\_\_\_\_ limited school project

**Please return to : Mary Rutan Hospital Attn: Teen Volunteer Coordinator**