UNIVERSITY OF UTAH
HEALTH CARE

Youth Volunteer Application

Junior volunteer applicants, under age 18, are required to have a parent/guardian complete the attached Consent form, submit a letter stating their reason for wanting to volunteer in a health care setting and provide one letter of reference.

Name_____ Last four digits SS#_____

Mailing Address_____

City, State, Zip_____

Home Phone _____ Cell Phone_____

E-mail_____ Date of Birth_____

School_____

Hours & Days Available_____

Parent/Guardian Information

Name_____

Address _____

Phone_____ Email_____

Emergency Contact: _____

Phone_____ Relationship_____

I give permission for my child/ward to volunteer at University of Utah Hospitals & Clinics. I also give consent for UUHC to provide medical treatment for my child/ward in case of emergency.

_____ _____
Parent/Guardian Signature Date

I understand that permanent assignment as a volunteer is conditioned upon my performance, satisfaction with the assignment, and continued need for the service.

_____ _____
Volunteer Signature Date