ESKATON
Transforming the Aging Experience

High School Student Volunteer Application

Student Information

Last name		Date
First name / Middle name		Date of Birth
Street address		Home phone
City, State, Zip		Cellular Phone
Email Address		
How did you hear about us?		
Parent / Guardian #1	Employer	Daytime Phone
Parent / Guardian #2	Employer	Daytime Phone

Education

School	City	Grade
Counselor name and email address		Languages you speak (other than English)

What skills, talents, and interests do you bring to this volunteer position?

What goals would you like to accomplish as an Eskaton volunteer?

References

Give the names of two adults, not related to you, whom you have known for at least one year.

Name	Address	Daytime Phone	# Yrs Acquainted
Name	Address	Daytime Phone	# Yrs Acquainted

Emergency Contact

Name	Relationship
Phone Number	Alternate Phone Number

Availability: Please indicate the times and days you are available to volunteer.

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Consent for Program Participation:

I authorize Eskaton to give emergency medical treatment to my son/daughter. I also give consent for my child's participation in Eskaton's Volunteer Program.

Signature of Parent or Guardian _____ Date _____

I agree

- The information given above is correct as of the date this application has been submitted. Should any changes occur, I will notify Eskaton immediately.
- I have a legal and ethical responsibility to protect the privacy of residents. All information that I see or hear regarding residents, directly or indirectly, is completely confidential and must not be discussed or released in any form, except when required in the performance of my duties.

Signature of Applicant _____ Date _____