



SUMMER TEEN APPLICATION

Summer Program: June 13, 2016 through August 5, 2016
Acceptance into program based on first-come screening process
Applications accepted Monday 1/4/16 through Friday 1/15/16
(Any application received before 1/4/16 will be discarded.)

Date and Time
Application
Received

For Office Use Only

Requirements:

- Only one 4-hour shift can be missed during the entire 8-week summer program. Plan accordingly.
- Missing more than one 4-hour shift makes you ineligible to volunteer the following summer.
- Must attend Orientation on **Wednesday, May 25, 2016 at 4:00 pm.**
- Must attend Training Day on **Monday, June 13, 2016 at 8:30 am.**
- Must have an **e-mail address** that will be checked frequently for communications from Volunteer Office.
- Must live and attend school in our local community.
- **DO NOT OBTAIN ANY LETTERS OF REFERENCE** until you receive notification that you have been accepted into the summer program.

Please print clearly and use only **BLUE** or **BLACK** ink.

Personal data:

Name: _____ Birthday: ____ / ____ / ____
First Middle Initial Last

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alternate Phone: _____

E-mail address: _____ Last 4 of Social Security #: _____

Name of school currently attending: _____ Current Grade: _____

Size for volunteer shirt (**adult sizes**): X-Small Small Medium Large X-Large XX-Large
Already have shirt in good condition from previous year and do not need a new one.

Day of week and shift preferred:

Please give serious consideration to which day and shift works best for you and your family. Please mark boxes below with a 1 for your first choice, 2 for your second, and 3 for your final choice of the day and shift preferred.

Day of Week:	Monday	Tuesday	Wednesday	Thursday	Friday	No Preference
Morning (8 am - 12 pm)						
Afternoon (12 pm - 4 pm)						

If carpooling with sibling/friend, please coordinate preferred day/shift and provide name: _____

Please read and sign below:

All information provided in this application is true and correct, as I understand that giving false or misleading information is grounds for discharge. If accepted into the program, I will comply with all requirements listed above. I further understand that all information provided herein will be kept strictly confidential.

Teen's Signature: _____ Date: ____ / ____ / ____

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

Please submit this application by (1) hand delivery to the Mayo Information Desk;
(2) e-mail to volunteersmcj@mayo.edu; (3) fax to (904) 956-1707; or (4) mail to:
Mayo Clinic • Volunteer Services VS 350N • 4500 San Pablo Road • Jacksonville, FL 32224
(For questions, please call Volunteer Services at 904-956-0074)