



# JUNIOR VOLUNTEER APPLICATION

(For volunteers between 13 and 17 years of age)

## PERSONAL INFORMATION:

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Hobbies, Skills, Special Interests \_\_\_\_\_

If you are interested in applying your hobbies, skills or special interests in your volunteer role at the Home, please indicate the specific hobby, skill and/or special interest: \_\_\_\_\_

Please indicate your preference regarding the length/purpose of your volunteer service:

- Long Term (1 year or longer) – on an ongoing basis, 1 to 2 times per month
- Seasonal/Short Term (example: during school months only, summer only, fall/spring breaks, etc.)
- Community service requirement (Beta Club, Honor Society, Confirmation, Scouts, etc.); Hours required: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

## PERSONAL REFERENCES:

Please provide the names and complete information of two adults (excluding relatives) whom you have known for at least one year and can attest to your character, skills, and dependability.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

## PLEDEGE OF CONFIDENTIALITY:

I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident, patient, relative or friend of any resident or patient, staff member, or volunteer of Home of the Innocents, which I may through my affiliation with the Home, so acquire.

I HAVE READ AND UNDERSTAND THE FOREGOING PLEDGE OF CONFIDENTIALITY

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return this application to:

Volunteer Services  
 Home of the Innocents  
 1100 E. Market Street  
 Louisville, KY 40206

volunteerservices@homeoftheinnocents.org (email) or (502) 596-1410 (fax)

This signed consent form must accompany your volunteer application. If you have had a TB test administered during the past 90 days, please send a copy of the results along with the application.



**Tuberculin Skin Test  
Consent Form**

I, \_\_\_\_\_, as the parent/legal guardian of  
\_\_\_\_\_, a Junior Volunteer applicant for Home of the Innocents,  
give permission for my child to be given a Tuberculin (TB) Skin Test. TB tests are mandatory for all  
Home of the Innocents volunteers upon training and annually thereafter. After the test is  
administered, I understand that my child will need to return to the Home within 48 to 72 hours to  
have the test read. I am also aware that all results will remain confidential.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Junior Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

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