



Tallahassee Memorial HealthCare
Teen Volunteer Application
SUMMER 2025

FOR OFFICE USE ONLY:

Interview
HIPPA & Code of Conduct Forms
Drug Test
Sterling Form
Health: TB
Immun
Photo Permission

This is an intensive, all day, three-week summer program running June 9 - 27. If you cannot commit to the entire three weeks, please do not complete the application.

APPLICATION DEADLINE IS MARCH 15

Name Male Female

Local Address

City State Zip

Home Phone Cell Phone

Name to go on badge (e.g., Sam instead of Samantha)

Email Address (If you don't regularly check your email, please use a parent's email.)

School Completed Grade (at end of school year)

In Case of Emergency Notify: Name Phone

How did you hear about this program?

Attach a paragraph explaining why you are interested in participating in this program and list your previous and current volunteer experience.

Please read the following statement. If you agree, please sign below and have a parent sign below.

I agree that I will commit to attend all three weeks of the summer volunteer program at TMH.

Student Signature Date

Parent Signature Date

The application and statement should be emailed as a PDF document to VolunteerServices@TMH.ORG. Applications will be screened, and you will be notified via email if you are selected for the next step in the process, which is a group interview. Notices will be emailed by April 7.