

Once your application has been processed, you will receive an email from our Volunteer Services Team inviting you to an in-person orientation. After you've completed orientation, you will be able to join the Teen Club meetings.

The Teen Club meets one Saturday a month during the school year and one day a week in the summer.

Please email sorpurt@trellissupport.org with any questions.

Teen Volunteer Application

Name: _____
(First) (Middle Initial) (Last) (Preferred Name)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ ☐ Male ☐ Female

Birthdate: _____ What is your preferred method of contact? _____

How did you hear about our volunteer opportunities? _____

☐ Current Volunteer ☐ Friend/Family Member ☐ Teacher ☐ Crosby Scholar ☐ Other

Have you experienced a death in your family or someone close to you in the past year? _____

If so, what was your relationship and when was the death? _____

Why do you want to become a volunteer with our organization?

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Do you have any limitations or are there any activities that should be restricted? _____

Do you have any environmental allergies (including animals)? _____

Do you have food allergies or dietary restrictions (vegetarian, diabetic, gluten-allergic, etc.)?

Please list and bring allergy medication you need to keep with you. _____

Volunteer History

Organization	From (Mo/Year)	To (Mo/Year)	Position/Description of Role

Employment Experience			
Employer	From (Mo/Year)	To (Mo/Year)	Position/Description of Role

Areas of Interest

Please identify the areas of service that interest you. (mark all that apply)

☐ Office Support

☐ Baker

☐ Gardening

☐ Crafts

List additional special skills & talents (i.e., bi-lingual, photography, hobbies/crafts or computer skills)

Signatures and Authorization

Trellis Supportive Care is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, religion, gender, ethnic origin, disability, age, or sexual orientation.

I understand that all volunteers represent Trellis Supportive Care and are subject to the rules, and regulations of the organization. I authorize Trellis Supportive Care to acquire additional information from references attached to this application, and I hereby release them, their companies and Trellis Supportive Care from any liability whatsoever concerning information obtained through this application. The information provided has been completed thoroughly and truthfully by the Teen Volunteer Program applicant. This application and any other documents obtained during the application process will remain confidential in the Trellis Supportive Care Volunteer Services Office. In addition, I agree to hold all information I may have access to about Hospice patients, clients, and families confidential and will not divulge any information to unauthorized persons.

Teen Applicant Name (Print): _____

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Publicity Release

At times, information concerning a volunteer may be used in a press release, for fundraising purposes, or other reasons deemed appropriate by Trellis Supportive Care. Submission of this application provides consent for Trellis Supportive Care to use the teen volunteer's name, title, portrait, picture, video image, photograph, or any reproduction likeness or quotation of the teen volunteer's remarks for public information, fundraising purposes, or other organizational programs as approved by Trellis Supportive Care.

Teen Applicant Name (Print): _____

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____