

Teen Volunteer Program
 Sparrow Health System
 Volunteer Services Office
 1215 E. Michigan Ave.
 Lansing, MI 48912



TEEN APPLICATION FOR VOLUNTEER SERVICES

VOLUNTEER CONTACT INFORMATION Required fields are marked with an asterisk*	
Today's Date:	
Volunteer Name: *	
Name of Parent or Guardian: *	
Street Address: *	
Apartment:	
City: *	
State: *	
Zip Code: *	
Residence Telephone: *	
Email Address:	
Age: *	
Date of Birth: *	
School: *	
Grade: *	
Please write a sentence or two as to why you would like to volunteer:	
REFERENCES (Name and Telephone Number)	
Teacher: *	
Teacher Telephone: *	
Neighbor: *	
Neighbor Telephone: *	
Employer (optional):	
Employer Telephone:	
Friend of Family: *	
Friend of Family Telephone: *	

***Indicates required field**