



2026 Youth Volunteer Program Application

Return to the Volunteer Services Department by Monday, April 6, 2026.

This application should be filled out by the youth applicant!

Name _____ Name Called _____
Last First Middle

School _____ Current Grade _____ Anticipated Year of Graduation _____

Birth Date _____ T-Shirt Size _____ Current Age _____ Male_ or Female_

Mailing Address _____
Street City & State Zip

Best Contact Phone Number: _____ Cell ___ Home

Email Address _____

1 – Parent/Guardian _____ Relationship _____

Best Contact Phone Number: _____ Cell ___ Home

Email: _____

2 – Parent/Guardian _____ Relationship _____

Best Contact Phone Number: _____ Cell ___ Home

Email: _____

GENERAL INFORMATION:

1. What other activities will you be involved in this summer (e.g.- driver’s ed, vacation, camp)? Please include specific dates. _____

2. List any particular departments or areas of personal interest within the hospital: _____

OVER

3. Answer each of the following prompts in paragraph format (*at least 5-6 sentences each*) on a separate piece of paper:

1. What skills and/or experience will you contribute to the UNC Health Rockingham Youth Volunteer Program?
2. What do you hope to gain from your experience as a youth volunteer?

*****Please remember your application is NOT complete until we receive the two completed reference inquiries and the Guidance Counselor Reference Sheet.**

I have completed this application and supplemental information to the best of my knowledge.

Signature of Applicant

Date

PARENTS/GUARDIANS: I understand that if my son/daughter is accepted as a UNC Health Rockingham youth volunteer, he/she will be required to obtain transportation to and from UNC Health Rockingham. **I also understand that by applying for the Youth Volunteer Program, my son/daughter is making a summer-long commitment and should consider vacation and other summer plans before applying.** (Please remember that youth volunteers are only allowed to miss five shifts—approximately 2 weeks—before they will be dismissed from the program.) Understanding this, I approve of his/her entering the program.

I give permission for tuberculin, varicella, and rubella testing. I authorize the release of necessary school data. I also authorize the release of my child’s image, likeness and quotes in photos, videos, and press releases for UNC Health Rockingham for use in promoting the hospital and the youth volunteer program.

Provided below is a complete list of my child’s food and drug allergies with explanation as necessary.

In case of illness or injury, I give permission to UNC Health Rockingham to provide/seek treatment for my child.

Parent/Guardian Signature

Date