APPLICATION FO JUNIOR VOLUNTEER S			uxiliary Office:
APPLICANT INFORMATON:			
Name:			
Last	First		MI
Mailing Address:			Zip Code:
Email Address:			
Home Telephone: Emergency Contact:			
High School Grad Year:			15 years/Maximum 19 years)
		(	
SCHOOL INFORMATION:			
School Name:		<b>-</b>	
Address:			
School Reference/Contact Nam Interests/Hobbies/Talents/Extra Goals for Your Volunteering Exp I approve of my son/daughter, Center and give my permission permission for Fairchild Medica	acurricular Activities: perience:  n for him/her to partic	, volunteering his/her t ipate in the Junior Volu	ime at Fairchild Medical unteer Program. I give my
Interests/Hobbies/Talents/Extra Goals for Your Volunteering Exp I approve of my son/daughter,	acurricular Activities: perience: a for him/her to partic al Center to contact th PPD (tuberculin skin t ermission for a Quant n to obtain a chest X-r unizations for measles uring the flu season (N eive a flu shot. I under ours a day while scho	, volunteering his/her t ipate in the Junior Volu ne school reference list est) performed on my o iferon (QFT) Gold blood ray. I will also provide i , mumps, rubella, tetar lovember 1 <sup>st</sup> through M rstand that junior volun ol is in session (18 hour	time at Fairchild Medical unteer Program. I give my ed above. I also give my child. If my child has <u>or</u> has d test to be drawn. If the QFT immunization records hus, pertussis and chicken March 31 <sup>st</sup> ), I give my teers, 15 years of age, may rs maximum/week) and not
Interests/Hobbies/Talents/Extra Goals for Your Volunteering Exp I approve of my son/daughter, Center and give my permission permission for Fairchild Medica permission to have the 2-step had a positive PPD, I give my per is positive, I give my permission showing the appropriate immu pox. If a flu shot is required du permission for my child to rece work no more than three (3) he	acurricular Activities: berience: for him/her to partic al Center to contact the PPD (tuberculin skin termission for a Quant n to obtain a chest X-runizations for measles uring the flu season (Neive a flu shot. I under ours a day while schor ( (40 hours maximum,	, volunteering his/her t ipate in the Junior Volu ne school reference list est) performed on my o iferon (QFT) Gold blood ray. I will also provide i a, mumps, rubella, tetar lovember 1 <sup>st</sup> through N rstand that junior volun ol is in session (18 hour /week) while school is r	time at Fairchild Medical unteer Program. I give my ed above. I also give my child. If my child has <u>or</u> has d test to be drawn. If the QFT immunization records hus, pertussis and chicken March 31 <sup>st</sup> ), I give my teers, 15 years of age, may rs maximum/week) and not
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