

MeritCare Health System
Youth Application
PO Box MC, Fargo ND 58122-0242

Name _____

Address _____
City State Zipcode

E-mail Address _____

Phone _____ Are you at least 17 years old? Yes No

School _____

Preference: (*) Downtown Campus South Campus

Organizations you belong to: _____

Hobbies, special skills or interests: _____

Work experience: _____

How did you hear about volunteering? _____

What do you want to gain from a volunteer experience? _____

* We will honor this preference as much as possible. However, needs of the system will also be considered.

I give my son/daughter permission to volunteer at MeritCare Health System.

Parent/Guardian

Date

Person to contact in case of an Emergency, if different than above.

Name

Day Phone

Name

Evening Phone

Placement (for office use)