

KINGMAN REGIONAL MEDICAL CENTER

3269 Stockton Hill Road * Kingman * AZ * 86409-3619

Youth Volunteer "Volunteer" Application

Name: _____

Address: _____ Phone: _____

City, state, zip code: _____ Email address: _____

School Currently Attending: _____ Grade: _____ Birthdate: _____

Activities: _____

Career Interest: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

(A Yes response does not necessarily disqualify applicant from volunteer services.)

Reason for becoming a Volunteer: _____

What school your Volunteer hours be reported to? _____

Volunteer Signature

Date

I hereby give my permission for my son/daughter to join the KRMC Volunteer Program.
I will assume full responsibility of his/her transportation to and from KRMC.

Parent / Guardian Signature

Date

***PLEASE PROVIDE A COPY OF THE STUDENT'S
IMMUNIZATION RECORDS WITH THIS
APPLICATION.***

**Return the completed paperwork to:
Leana Asplin, Coordinator, Customer Service / Volunteer Services
Kingman Regional Medical Center.
3269 Stockton Hill Road, Kingman, AZ 86409-3619 (928) 692-4673**