Madonna Volunteer Resources
Madonna Rehabilitation Hospital
5401 South Street
Lincoln, NE 68506

Teen Program Application
Minimum of 20 Volunteer Hours Required

Please Print:

Name:_____ Birthday_____
Age_____
Address:_____ Home Phone_____

City_____ Zip_____ E-Mail_____

Person to contact in case of an emergency:
Name_____ Relationship_____
Home/Cell Phone_____ Work Phone_____

School You Are Currently Attending _____

Why are you interested in volunteering at Madonna?_____

_____

_____

Briefly describe any volunteer work you have done._____

_____

_____

Times you would be available for volunteering:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

If accepted as a Madonna volunteer I agree that:

I will volunteer a minimum of twenty hours supporting Madonna's mission and exemplifying the Core Values during my service. I will read the Volunteer Handbook prior to my start date and am responsible for understanding and following volunteer guidelines. I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, residents, or staff.

Signature_____ Date_____