

**** JUNIOR VOLUNTEERS ONLY ****
REQUIREMENTS

PARENT/GUARDIAN SECTION:

I (we) hereby give permission for our son/daughter (name) _____
to participate in the Mercy San Juan Volunteer Service's Junior Volunteer Program. I (we) understand
the commitment of one year/100 hour's requirement.

**I also hereby give permission for my son/daughter in the event I cannot be located to
receive first aide. But please first try to contact me at the following numbers:**

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

SCHOOL COUNSELOR SECTION:

School Name _____ GPA _____ Year Graduating _____

**I believe that, _____ will benefit from the Mercy San Juan
Medical Center Volunteer Services Program and that it should not disturb their GPA (GPA
needs to be 3.0 or greater).**

Counselor's Name (PRINT) _____ Phone _____

Signature _____ Date _____