

**NORTHSIDE HOSPITAL-ATLANTA AUXILIARY
VOLUNTEEN PROGRAM**

NAME _____ DATE _____

In order to facilitate scheduling, please indicate when you are planning on participating in any of the following outside activities. If you do not have exact dates, but know you will be gone for a period of time during the Volunteen program, **please indicate this also.**

New teens must attend either the May 30 orientation or the make-up orientation on June 4. In addition they cannot be absent the first week of their service which begins June 4-9.

<u>ACTIVITY</u>	<u>DATES (or length of time)</u>
VACATION	_____
SCHOOL TRIPS	_____
DRIVER'S ED.	_____
COURSES	_____
OTHER	_____

It is our experience that Teens receive the most benefit from the Volunteen program if they participate consistently during the 8 week session. Please be aware that, if you have indicated that you are going to be gone for more than two weeks, we cannot guarantee it will be possible for us to schedule make-ups and/or any further changes. **Please therefore consider carefully whether you will have time to fully participate in this program.**

TEEN'S SIGNATURE _____

PARENT/GUARDIAN'S SIGNATURE _____