



Volunteer Application - Youth **Volunteer Services**

HIGH SCHOOL COUNSELOR OF YOUTH AUXILIARY APPLICANT

Note to Student: Please have your counselor sign this form and return to you. Return it with the Parent Consent form to Mills-Peninsula Health Services (see address below). We will call you for an interview when this form, the Parent Consent form and your application have been received by us. Thank you.

Mills-Peninsula Health Services, Youth Auxiliary
1501 Trousdale Drive, 5th Floor Room 5100
Burlingame, CA 94010

Dear High School Counselor:

In efforts to ensure a safe and productive environment at our hospitals, Mills-Peninsula Health Services is requiring all new Youth Volunteers to secure the signature of their High School Counselor to authorize their participation in our volunteer program.

By signing your name below on this form, you are verifying the applicant student, as stated below, is capable of handling the community service commitment.

Students must have this form signed by a Counselor before they will be contacted for an orientation interview.

Thank you for your cooperation.

Volunteer Services
Mills Peninsula Health Systems
1501 Trousdale Drive
Burlingame, CA 94010
Voice mail: 650-696-2465, option 1
MPHSVolunteerservices@sutterhealth.org

Student Name _____

High School _____

Counselor Name _____

Counselor Signature _____

Counselor Phone Number _____

Counselor Email _____

Date Signed _____