



Tallahassee Memorial HealthCare
Teen Volunteer Application
SUMMER 2026

FOR OFFICE USE ONLY

Interview
HIPAA & Conduct Forms
Drug Test
TB
Photo
Sterling Form
Immun
Golf Cart

This is an intensive, all day, three-week summer program running June 8 – 26. If you cannot commit to the entire three weeks, please do not complete the application.

APPLICATION DEADLINE IS MARCH 13

Name Female Male

Local Address

City State Zip Code

Home Phone Cell Phone

First Name To Go on Badge (e.g., Sam instead of Samantha)

Email Address (If you do not regularly check your email, please use a parent's email. Occasionally check your junk box in case any correspondence does not go to your inbox.)

School Completed Grade (at end of school year)

In Case of Emergency Notification: Name Phone

How did you hear about the program?

Attach a paragraph explaining why you are interested in participating in the program and list your previous and current volunteer experience. Please include your name on the page.

Please read the following statement. If you agree, please sign below and have a parent sign below.

I agree that I will commit to attending all three weeks of the summer volunteer program at TMH.

Student Signature Date

Parent Signature Date

The application and statement should be mailed as a PDF document to VolunteerServices@tmh.org. Applications will be screened, and you will be notified via email if you are selected for an interview, the next step in the application process. Notices will be emailed by the end of March.