

Putnam Hospital  
Junior Volunteer Program—High School Information Form

Student's Name \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

- Student is passing all subjects with at least an 80 average.

Yes \_\_\_\_\_ No \_\_\_\_\_

- Are there any disciplinary problems which Putnam Hospital should be aware of regarding student?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please have High School counselor sign and date.

Signed by: \_\_\_\_\_

\_\_\_\_\_

I give permission for the release of the above information to  
Putnam Hospital's Volunteer Department.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to—

**John Mahoney, Manager of Volunteer Services**  
**Putnam Hospital**  
**670 Stoneleigh Avenue**  
**Carmel, New York 10512 # 845-230-4752**