

UNIQUE SUMMER VOLUNTEER OPPORTUNITY FOR FLORIDA HOSPITAL PHYSICIAN' KIDS

APPLICATION FORM FOR Summer 2011 SPONSORED BY FLORIDA HOSPITAL PHYSICIAN SUPPORT SERVICES

This opportunity requires a time commitment continuously during an eight week period, averaging 15 hours a week. The program begins the third week of June.

NAME: _____ DATE: _____
LAST FIRST MIDDLE

ADDRESS: _____
APT NO

CITY STATE ZIP CODE TELEPHONE

BIRTHDAY: _____
MONTH/DATE/YEAR

JUNIOR

SENIOR CURRENT SCHOOL: _____

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES IN WHICH YOU PARTICIPATE, SCHOOL ACTIVITIES, VOLUNTEER ORGANIZATIONS, ETC:

YOU MUST BE A JUNIOR OR SENIOR TO BE ELEGIBLE FOR THE PROGRAM (Please attach last semester grades, one letter of reference from a current teacher, and a paragraph sharing the reason why you are interested in this program)

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT'S PARENT: _____ DATE: _____

PHYSICIAN SUPPORT SERVICES
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