



Volunteer Services Department
Children's National Medical Center
111 Michigan Avenue, NW
Room 1180
Washington, DC 20010-2970

**High School Volunteer Program, Summer 2010
Orientation Registration Form**

Name			
Address			
City	State	Zip Code	
Home Number			
Cell Number			

We have scheduled three orientation sessions to introduce high school students and their parents/guardians to the details and requirements of the High School Volunteer Program. Please note that attending one of the two orientation sessions is mandatory.

Please select the orientation session you would like to attend:

- Saturday, May 15, 2010 from 11 am until 12 pm
- Tuesday, May 18, 2010 from 6:30 pm until 7:30 pm
- Wednesday, May 19, 2010 from 6:30 pm until 7:30 pm

Please indicate whether a parent/guardian will accompany you to the session:

- Yes, my parent/guardian will attend the orientation session with me.
- No, my parent/guardian will not attend the orientation session with me.

Please note that the orientation sessions are limited to 40 applicants. We suggest that you mail your completed application and this orientation registration form to Volunteer Services as soon as possible, and no later than two weeks prior to the orientation session of your choice. Our mailing address is located at the top of this form. Please attend the orientation session you selected on this form. Because of the number of registration forms we receive, our office is UNABLE to make confirmation or reminder calls. Volunteer Services will ONLY contact you if there is a change in the orientation schedule.

Important Reminders

1. When sending in your application, please remember both you and a parent must sign and date the form.
2. Make sure to return your orientation registration form along with your application.
3. Please be on time for the orientation session you selected. The room located for your session will be posted at the Welcome Desk in the hospital's atrium, our main lobby area. As you enter the hospital, you and your parent/guardian will be required to show a form of identification, preferably with a photo, to our security staff. You will be issued a guest pass to wear during your time at the hospital. If you or your parent/guardian drive to the hospital, you will be given a parking validation sticker to pay for your parking. Parking stickers will be distributed at the orientation session.