

St. Elizabeth Hospital Volunteer Application

Must be completed by student

Requirements:

- At least 14 years of age
- Health Screening
- Initial minimum of 50 hours commitment
- Parent's signed approval (if under 18)
- Contract from College (if not already on file with Administration)

Last Name		Date	
First Name	Middle Name	Birthday	
Street Address		Home Phone	
City, State, Zip			
Father's Name		Employer	Work Phone
Mother's Name		Employer	Work Phone
Is Volunteer work a requirement for school credit? _____ If so, number of hours required _____			
Skills _____ _____			
Special area of interest in volunteering _____ _____			
Academic Background			
School you attend	City	Grade	
College	City	Level of Education Completing	
Extracurricular Activities: List the activities you are participating and indicate DAY and TIME			
Sports			
Schools Clubs			
Student Government			
Church Activities			
Youth Groups			
Part-time Job			
Other			
Job, Volunteer or Community Service Experience			

Employer/Organization	Position/Duties	Total Length of Time	
Transportation			
If you are selected as a volunteer, how will you arrange to arrive here?			
Physical and Medical Background			
Do you have any physical condition or medical problem, which may limit your ability to perform the work of a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "YES", Please explain:			
In case of Emergency, please notify			
Name _____		Relationship _____	Date _____
*****Parent's Consent if Volunteer is Under the age of 18*****			
<i>I give consent for _____ participation in the St. Elizabeth Hospital Student Volunteer Program</i>			
Signature of Parent or Guardian _____		Date _____	
<i>I agree that the above information is correct as of the date it has been filed. I also agree to the rules and regulations of the Volunteer Department of St. Elizabeth Hospital as they are outlined in the Volunteer Policies and Procedure Guide.</i>			
Signature of Applicant _____		Date _____	
For Office Use Only			
Date Received:			
Interview Date and Time:		Start Date/Time:	TB test Taken:

Time Available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Note: THE VOLUNTEER MUST PROVIDE HIS/HER OWN SCRUBS OR PROFESSIONAL DRESS UNIFORM

Additional Comments or Questions _____
