

Application For Student Volunteer Service

(Minimum age 15)

Please print clearly

Today's Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Number: _____

E-mail: _____

U.S. Citizen Yes No

Service area of interest:

1. _____

2. _____

3. _____

Availability:

Please circle:

Day: S M T W TH F SA

Time: Mornings Afternoons Evenings

School: _____ Grade _____

Clubs and Activities: _____

Awards, Honors, Special Accomplishments: _____

Volunteer Experience: _____

Skills: _____

References:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Who or what encouraged you to volunteer? _____

Are you volunteering because of school requirements? Yes No

If yes, how many hours? _____

New Volunteer Checklist

(Official Use Only)

Service Description: _____

Date of Placement: _____

- Date of Birth _____
- Form of Identification _____
- 1st TB _____
- 2nd TB _____
- Reference Check _____
- Identification Badge _____
- Time Clock Number _____ (CH Only)
- Orientation _____
- Handbook _____
- Confidentiality Statement _____
- Code of Conduct / Corporate Compliance _____
- Hospital Values / Corporate Compliance _____
- Uniform _____

Comments:
