

Volunteer Application

Office use only.

Auxiliary Volunteer Student

Last name _____ First name _____ MI _____

Home address _____ City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Date of birth _____ Email address _____

Experience

Work experience _____

Volunteer experience _____

How did you learn about the volunteer program at St. Mary's _____

Education/special training _____

Community affiliations _____

Hobbies, skills or special interests _____

Have you ever worked for Hospital Sisters Health System? Yes No

Volunteer agreement

To the best of my knowledge, the information provided in this packet is true and correct. As a volunteer at HSHS St. Mary's Hospital, I agree to abide by the standards, policies and procedures of the institution.

Signature _____ Date _____

Availability

Monday (hours) _____ Tuesday (hours) _____ Wednesday (hours) _____ Thursday (hours) _____

Friday (hours) _____ Saturday (hours) _____ Sunday (hours) _____

Planned length of commitment _____ Area of interest _____

