



**University Hospitals**  
St. John Medical Center  
A CATHOLIC HOSPITAL

**JUNIOR VOLUNTEER  
APPLICATION FOR VOLUNTEER SERVICES**

Name \_\_\_\_\_  
Last Name First Middle

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Age \_\_\_\_\_ Birthday (e.g. mm/dd) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Contact In Case Of Emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of School \_\_\_\_\_ Circle current grade 9 10 11 12

Previous Volunteer or Work Experience \_\_\_\_\_

Hobbies/Skills/Special Interests \_\_\_\_\_

Why would you like to volunteer at this Hospital? \_\_\_\_\_

Personal Physician \_\_\_\_\_  
 Name Address Phone

Personal/Professional References (excluding relatives)

\_\_\_\_\_  
 Name Address Phone

\_\_\_\_\_  
 Name Address Phone

Indicate Type of Volunteer Work Preferred

- { } Direct patient contact (e.g. Nursing Unit, Patient Transport, etc.)
- { } No patient contact (e.g. Gift Shop, Process Stores, Clerical/Office Work, etc.)

Indicate Volunteer Schedule Preferred

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

*Your signature indicates your approval for verification of references. The organization is NOT obligated to provide a volunteer position nor are you obligated to accept the volunteer position offered.*

*Opportunities for volunteers are provided without regard to race, color, national origin, age, religion, sex, or disability.*

*The above information is accurate and correct to the best of my knowledge.*

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have given permission for the applicant to become a volunteer at UH St John Medical Center.***

***Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_***

Start Date	Assignment
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