

# Volunteer Services Department **Student Volunteer Application**

Date \_\_\_ / \_\_\_ / \_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

In case of emergency notify: \_\_\_\_\_ Phone Number \_\_\_\_\_

## Education

Name of School \_\_\_\_\_ Counselor or Teacher's Name \_\_\_\_\_

What courses are you taking in school? \_\_\_\_\_

## Experience

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

What do you plan to do upon graduation from High School? \_\_\_\_\_

What kind of work in the hospital interests you? \_\_\_\_\_

## Health

Family Physician: \_\_\_\_\_

Health:  Good  Fair  Poor

## Availability

Working as a volunteer at Mercy Philadelphia Hospital does not guarantee future employment.

Days and times available: \_\_\_\_\_

**Thank you for your interest in becoming a volunteer!**

Signature \_\_\_\_\_

## Office Use Only

Date application received \_\_\_ / \_\_\_ / \_\_\_

TB shot completed \_\_\_ / \_\_\_ / \_\_\_

Clearance received: \_\_\_ / \_\_\_ / \_\_\_