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

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Morning							
Afternoon							
Evening							

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:

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? ____________________

____