



ST. JOSEPH HOSPITAL

VOLUNTEER SERVICES DEPARTMENT 603.595.3044

Application for Junior Volunteer Service Position

*****Must be a Freshman in High School and at least 15 years of age*****

Please Print Clearly:

Name _____
Last First (Nickname)

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ E-Mail address _____ Birthday _____

School _____ Grade _____

Career Interest(s) _____

Name of Parent (s) or Guardian _____

Parent(s)/Guardian home or cell number **(These are the numbers we will use in an emergency)**

Extracurricular Activities: List the activities you are participating in and indicate Day and Time
Sports _____

School Groups

Church Activities

Part-time Job

Other Volunteering

Are you willing to commit to one 3 hour shift, year round a week? _____

Are there any work conditions or activities you wish to avoid? _____

When are you available to volunteer? _____

Please type a one page response to one of the questions below on a separate sheet of paper.

1. Why did you choose St. Joseph Hospital to Volunteer?
2. Where do you see yourself in 5 - 10 years?
3. What is the funniest, scariest or wildest adventure you have been on?

Personal Reference (Not a relative, at least 21 years old and known longer than a year.)

Name Address

School/Professional Reference:

Name Address Telephone

Who referred you to St. Joseph Hospital? _____

Help us to assign you by checking off areas of interest and qualities that best describe you.

Clerical Responsibilities:

____ Phone reception ____ Filing ____ Photocopying/Faxing/Microfiche
____ Mailings (collating/stuffing/labels) ____ Maintain Inventory
____ Maintain statistical records/assist with billing/bookkeeping

Patient Related Responsibilities:

____ Assist with activities
____ Transport ____ Provide one to one companionship
____ Make deliveries to rooms ____ Provide escort services (Patients)
____ Greet visitors/patients ____ Schedule patients/prepare charts
____ Fold linens/make beds ____ Inventory/stock supplies/shelves
____ Provide courier services (run errands, etc. for staff)

Personal Qualities/Skills:

____ Interpersonal Skills ____ Organizational Skills
____ Detailed oriented ____ Telephone skills
____ Customer service oriented ____ Self- motivated
____ Ability to work with minimal supervision
____ Speak a language other than English _____
____ Other (Be specific) _____

Transportation

If you are selected as a volunteer, how will you arrange to arrive here? _____

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

Volunteer Signature _____ *Date* _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

Parent or (Guardian) Consent: I, the undersigned, consent that our son/daughter _____ may participate in the St. Joseph Hospital Junior Volunteer Program.

Parent/Guardian Signature *Date*