

Instructions for applicants

Return application by email to: mission.auxiliary@stjoe.org

Or by mail to:

Providence Mission Hospital
Auxiliary Department
Attn: Alicia Hoover
27800 Medical Center Road, Suite 364
Mission Viejo, CA 92691

Please make a copy of your application before mailing it and save a copy of the email sent receipt, just in case we do not receive your application.

NOTE: An email from the Providence Mission Hospital Auxiliary will be sent to the student to confirm receipt of the student's application by November 30 of current year. If you do not receive one, please contact the Executive Board President Jessica Nguyen at jessica.nguyen753@gmail.com. An application is NOT a guarantee of acceptance into the Providence Mission Hospital Auxiliary. Applications will be reviewed by the student volunteer coordinator and High School Auxiliary Board to verify eligibility and qualifications. Decisions will be based on projected number of positions that will be available in spring following current year. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Application Check List:

- _____ High School Student Volunteer Application
- _____ Resume
- _____ One letter of recommendation from a teacher, coach, advisor or counselor.
- _____ Picture of current school identification card
- _____ Personal statement (250 words)
 - Statement should include
 - Why you selected this program.
 - Why you think you are qualified to serve in this program.
 - Previous experiences that distinguish you for this program.

High School Auxiliary Membership Application

Last Name (Print below)	First Name	Middle Initial	Birthdate and current age
			/ / []
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
School Attending	Grade	County in which you reside	
Parent/Guardian	Relationship	Parent/Guardian contact number:	
1. How did you become interested in the High School Student Auxiliary?			
2. Are you presently employed? If so, state the number of hours per week you work:			
3. Please list all school and community organizations and clubs and if offices held:			
4. Have you ever volunteered before? If yes, where?			
5. Are you involved in school/club sports? If yes, list sports:			
6. Can you serve four (4) hours a week on a regular basis? [] yes [] no			
7. Circle the day(s) of week can you serve? M T W Th F Sat Sun			
8. What time of day can you serve? [] mornings [] afternoons [] evenings			
9. Will you need any accommodations to perform specific duties related to volunteering? If yes, Please describe?			
10. List any special interests, musical instrument, skills or languages spoken.			
11. Do you feel you work well with people? Please explain			

Applicant Name Page 2 of 2:			
12. References (please list two other than family):			
Name	Email Address	Relationship	Phone
I understand that my volunteer status is pending an interview and approval to proceed for a satisfactory health clearance; including a Quantiferon TB test, satisfactory proof of school identity, as well as training and provisional periods. I hereby authorize Mission Hospital to contact my references and to make any investigation of my background deemed necessary.			Initials
I agree to conform to the rules and standards of Providence Mission Hospital and the Auxiliary. I have read the core values of the hospital, listed below, and agree to adopt these values in my contact with patients, staff, physicians and visitors in this facility.			Initials
I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or other supplemental materials will be cause for immediate dismissal as an applicant or during my association as a volunteer.			Initials
I understand that Providence Mission Hospital is a smoke-free campus and it is my responsibility to abstain from smoking on the Providence Mission Hospital campus. I understand that noncompliance of this policy may result in disciplinary action, up to and including dismissal from the Auxiliary.			
APPLICANT SIGNATURE		DATE	
As a ministry of Providence, our VALUES are the guiding principles for all we do. Each of us is committed to these values and work to make them present in our relationships with each other and with those we are privileged to serve. Our values continue a tradition of excellence and a dedication to help heal all those we touch.			
Compassion <i>Jesus taught and healed with compassion for all. –Matthew 4:24</i> We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.			
Dignity <i>All people have been created in the image of God. –Genesis 1:27</i> We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.			
Justice <i>Act with justice, love with kindness and walk humbly with your God. –Micah 6:8</i> We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.			
Excellence <i>Whatever you do, work at it with all your heart. –Colossians 3:23</i> We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.			
Integrity <i>Let us love not merely with words or speech but with actions in truth. –1 John 3:18</i> We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.			
APPLICANT SIGNATURE:		DATE	
PARENT/GUARDIAN SIGNATURE:		DATE	