## St Mary Volunteer Application Form

**Please Complete Entire Application**

- [ ] High School (Junior Volunteer 14 – 17 yrs old)
- [ ] College Student
- [ ] Adult

Date: ____________________  [ ] Male  [ ] Female

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<tr>
<th>Last Name (please print clearly)</th>
<th>First Name</th>
<th>Middle Initial</th>
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<th>Home Phone Number</th>
<th>Cell Number</th>
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Date of Birth  Social Security Number *(required for background check)*

E-Mail address **required, please print clearly**

### Emergency Contact Name

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<th>Phone Number</th>
<th>Relationship</th>
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**Adults only:** Have you ever been convicted of a misdemeanor or felony?  [ ] Yes  [ ] No
Do you have any charges pending against you that are unresolved?  [ ] Yes  [ ] No
If yes, state circumstances, place(s) date(s)

What days and times are you available to volunteer? *(please check all that apply):*

- [ ] Monday am  [ ] Monday pm
- [ ] Tuesday am  [ ] Tuesday pm
- [ ] Wednesday am  [ ] Wednesday pm
- [ ] Thursday am  [ ] Thursday pm
- [ ] Friday am  [ ] Friday pm
- [ ] Saturday am  [ ] Saturday pm
- [ ] Sunday am  [ ] Sunday pm

Please check your areas of interest: *(Note: positions assigned upon availability)*

- [ ] Clerical / Office *(please indicate areas of skill):*
  - [ ]
  - [ ]
- [ ] Shuttle Service
  - Required: Current DMV print-out
  - Valid CA driving license
- [ ] Front Desk Ambassador
- [ ] Gift Shop
- [ ] Recovery Room
- [ ] Surgery Desk
- [ ] Care Ambassador
  - patient interaction
- [ ] Out-Patient Services
- [ ] Junior Volunteer Program
  - Age 14 - 17
- [ ] As needed

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January 2017
References (required):

Name: _______________________________ Phone #: _______________________

Relationship to you: ______________________________________________________________________

Name: _______________________________ Phone #: _______________________

Relationship to you: ______________________________________________________________________

To assist in evaluating your application and screening process, please answer the questions below and feel free to attach additional pages if needed. You may also provide a resume, letter of reference or other documents to support your application.

1) Are you currently seeking employment? □ Yes □ No
2) Do you currently work? □ Yes □ No
3) Do you currently attend college? □ Yes □ No

4) Junior volunteers only:
   High School you attend: ______________________________
   Year you will graduate: ______________________________

Note: All junior volunteers are required to submit the following with application:
   • Semester transcripts
   • Letter of recommendation from a community member (no family members)

5) Are you willing and able to commit to a regularly scheduled 3-5 hour shift each week?
   □ Yes □ No (Junior Volunteer is 2 – 4 hours depending on age)

6) Please share with us why you would like to volunteer at St. Joseph Health, St. Mary.
7) What expectations do you have by volunteering at St. Joseph Health, St. Mary?

8) Do you have limitations, handicaps or health conditions that should be taken into consideration before determining volunteer assignment?  □ Yes  □ No  If yes, please explain

9) Do you have previous volunteer experience?  □ Yes  □ No  If yes, please list locations, positions held and dates for your previous experience. **If no, please share life/work experiences** that you believe will help you succeed as a hospital volunteer.

10) Do you have any special skills, hobbies or interests you can share with us?
11) Do you speak any other languages besides English?  □ Yes  □ No  If yes, what languages:

12) Do you have a family member(s) who works for St. Joseph Health, St. Mary?  □ Yes  □ No  
If yes, please note their name(s) and relationship to you:

__________________________________________________________________________________

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

Adult Signature: ___________________________________________ Date: ________________

Junior Volunteer: *(requires parental approval)*

Parent/Guardian Name: ___________________________________________ *(Please Print)*

Relationship: ___________________________________________

Home Phone: ____________________________  Cell: ___________________________

Address: ___________________________________________

City: ____________________________  State: _________________  Zip Code: __________

Parent/Guardian Signature: ___________________________________________ Date: __________

Mail or E-mail completed form to:

St. Joseph Health, St. Mary  
Attention: Volunteer Services  
18300 Highway 18, Apple Valley, CA 92307

Email: StMary.Volunteer@stjoe.org