



Name	
Address	
Telephone	Today's Date — —
Volunteers must be 14 years of age. Do you meet this requirement?	Social Security #
Parent/Guardian	
Address	
Telephone (Home)	(Work)

In an emergency notify:

Name	Relationship
Telephone (Home)	(Work)
Family Physician	Telephone

Name of School	Grade
School Counselor	Telephone
Career Interests	
School activities, interests, hobbies	

References: (Please list two we may contact. Do not list relatives.)

1. Name	Address	Telephone
2. Name	Address	Telephone

List days and hours available to volunteer	
Applicant signature	Date
I give my permission for my child to serve as a volunteer	
Parent/Guardian signature	Date

Believing that St. Mary's Medical Center has need of my services as a volunteer worker, I agree to:

Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information in regard to a patient.

My services are donated to St. Mary' Medical Center without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

Applicant Signature_____ Date_____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, gender or disability.

Note: Filing an application does not assure placement, since the number of applicants usually exceeds the number of available openings. Applicants will be chosen by the Director of Volunteer Services on the basis of personal traits and qualifications in keeping with the interest of the medical center.

The first month of the volunteer experience will be mutually probationary.

All applications will be held for 90 days.