

HIGH SCHOOL VOLUNTEER PRE-APPLICATION

Qualifications for the Program:

- 1. Must currently be enrolled in high school, grades 9-11.
- 2. Must be 14-18 years old.
- 3. Must be able to fully commit for one year and serve a minimum 4 hours per week.

All forms must be completed, signed, and turned in to the Volunteer Services Department. Should you have questions regarding any form, please feel free to contact the Volunteer Services office at **310-900-8574**





VOLUNTEER PRE-APPLICATION FORM

BASIC INFORMATION

Name		Date
Address		Apt. #
City, State, Zip Code		
Date of Birth	Home Phone	Social Security #
Cell Phone	E-Mail	
PARENT/GUARDIAN INFORM	IATION	
Parent/Guardian Name		Cell Phone
Work Phone	E-Mail	
Parent/Guardian Name		Cell Phone
Work Phone	E-Mail	
ACADEMIC BACKGROUND		Grade Level
-		Phone Number
City		
ADDITIONAL INFORMATION		
Do you have any special con	siderations which would	prevent you from performing essential
volunteering functions?		
Yes No If "Yes", p	please explain:	
Do you speak any languages	other than English?	
Yes No If "Yes", p	please list them here:	
		e currently employed by St. Francis Medical Center.
Name		Position
Name		Position
How did you hear about our	high school volunteer p	program?





SHORT ANSWER QUESTIONS

Please answer the following questions in 100-250 words.

Why do you want to volunteer for St. Francis Medical Center?

What are your personal career goals?

Tell us about an important lesson you have learned in your life.





INVOLVEMENT AND SKILLS

Please answer the following questions concerning your involvement and skills.

List and briefly explain any sports and/or extra curricular activities you are involved in and for how long you have participated in those activities.

If applicable, list and briefly explain any volunteer work or jobs you currently have and for how long you have worked there.

How proficient are you in the Microsoft Office Suite (Word, PowerPoint, Excel, Outlook)?

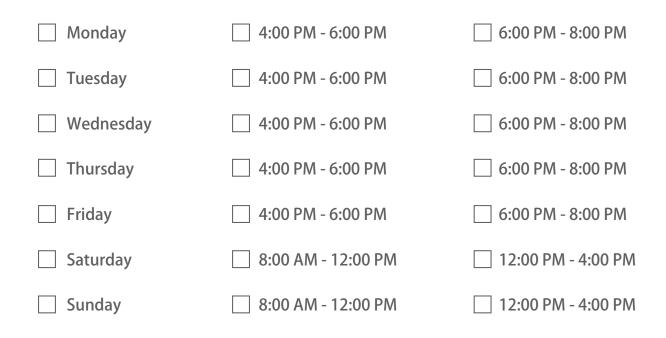
Do you have any special interests or hobbies you believe would help you exceed in our volunteer program?





AVAILABILITY AND COMMITMENT

Please check off all the days and shifts you are available to commit to volunteering. Please note that the minimum weekly requirement is four hours per week (two weekday shifts or one weekend shift).



To be considered as a candidate for our volunteer program, you MUST return the application before _____ by 4:30 pm.

I am signing as to confirm that all the information that I have provided is true and that only I have answered all the questions for myself.

Signature

Date





SCHOOL RECORDS RELEASE AUTHORIZATION

It is necessary to obtain authorization for release of information from a student's school record to be used as a reference on the student's application to become a volunteer at St. Francis Medical Center.

I hereby authorize a counselor from the below noted school to release a copy of my son/daughter's cummulative transcripts and information regarding my child's school grades and habits. Pre-application will not be accepted without this information included.

Parent/Legal Guardian Signature	Date
Name of High School	
Student's Name	
Completion by a School Counselor is required:	
Grade Point Average:	
Work Habits:	
Cooperation:	
Attendance:	
Additional Comments:	
School Counselor Signature	Date
Phone Number	

