



ST. FRANCIS
MEDICAL CENTER
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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**



Member of Daughters of Charity Health System



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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 INFORMATION

Parent/Guardian Name _____ Cell Phone _____

Work Phone _____ E-Mail _____

Parent/Guardian Name _____ Cell Phone _____

Work Phone _____ E-Mail _____

ACADEMIC BACKGROUND

Name of High School _____ Grade Level _____

City _____ Zip Code _____ Phone Number _____

ADDITIONAL INFORMATION

Do you have any special considerations which would prevent you from performing essential volunteering functions?

Yes No If "Yes", please explain: _____

Do you speak any languages other than English?

Yes No If "Yes", please list them here: _____

Please write any family and/or friends you have that are currently employed by St. Francis Medical Center.

Name _____ Position _____

Name _____ Position _____

How did you hear about our high school volunteer program?



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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.



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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?



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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).

<input type="checkbox"/> Monday	<input type="checkbox"/> 4:00 PM - 6:00 PM	<input type="checkbox"/> 6:00 PM - 8:00 PM
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 4:00 PM - 6:00 PM	<input type="checkbox"/> 6:00 PM - 8:00 PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 4:00 PM - 6:00 PM	<input type="checkbox"/> 6:00 PM - 8:00 PM
<input type="checkbox"/> Thursday	<input type="checkbox"/> 4:00 PM - 6:00 PM	<input type="checkbox"/> 6:00 PM - 8:00 PM
<input type="checkbox"/> Friday	<input type="checkbox"/> 4:00 PM - 6:00 PM	<input type="checkbox"/> 6:00 PM - 8:00 PM
<input type="checkbox"/> Saturday	<input type="checkbox"/> 8:00 AM - 12:00 PM	<input type="checkbox"/> 12:00 PM - 4:00 PM
<input type="checkbox"/> Sunday	<input type="checkbox"/> 8:00 AM - 12:00 PM	<input type="checkbox"/> 12:00 PM - 4:00 PM

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



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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 cumulative 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