



APPLICATION FOR STUDENT VOLUNTEER

Name _____
Last First Middle

Address _____ **Telephone** _____
Number and Street

_____ **Email** _____
City State Zip

In case of an emergency, notify: _____ **Relationship** _____ **Telephone** _____

Parent: Name _____ **Telephone** _____
 Address _____

Guardian: Name _____ **Telephone** _____
 Address _____

School: Name _____ **Date of Birth** _____
 Advisor/Counselor _____ **Grade** _____

How did you hear about the Faulkner Hospital Student Volunteer Services? _____

Have you been a volunteer before? _____ **Where?** _____

Do you prefer a particular type of volunteer service? Information Desk Patient Contact Support Services No Preferences

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					
During School					
Vacation/Summer					

I am willing to make a commitment of at least _____ hours per week to the Volunteer Services Program of Faulkner Hospital. I will attend orientation/training sessions and submit the hospital health screening information prior to being assigned to a specific job.

Student Signature _____ *Date* _____

PARENTAL CONSENT

This is to certify that the above information is correct and that my son/daughter has my permission to join the Faulkner Hospital Volunteer Services Program. I have reviewed the Guidelines for Student Volunteers and signed the Student Health Screening Consent Form..

Parent/Guardian Signature _____ *Date* _____