**Return completed application to:**
**Russell Hansel**
**Vice-President, Mission & Ministry**
**St. Francis Medical Center**
**601 Hamilton Avenue**
**Trenton, NJ 08629**

# St. Francis Medical Center Volunteer Services

## Adult Volunteer Application

Name: (Mr./Mrs./Miss)_____ Phone: (____) _____

Address: _____
Street City Zip Code

E-mail:_____

Education: _____ (Please indicate highest level achieved)

Are you 18 Years of age or older? YES ____ NO ____

Present Occupation: _____

Prior Volunteer Experience: _____

Skills, Special Interests: _____

Please describe why you are interested in volunteering here at SFMC.

_____

_____

_____

Type of Work Preferred: _____

Please circle the day and shift that you would be available to volunteer:

**Mornings:** Monday Tuesday Wednesday Thursday Friday

**Afternoons:** Monday Tuesday Wednesday Thursday Friday

Do you have friends or relatives employed at St. Francis Medical Center? _____ _____
YES NO

If yes, indicate names, relationship and where they work: _____

_____

To the best of your knowledge are you now in good physical health? YES ____ NO ____

Name of regular physician? _____

In the event of an emergency please notify: _____

Relationship_____ Telephone # (___) _____

Do you agree to commit to volunteer a minimum of 100 hours per year? YES ____NO____

We do criminal background checks. Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor? _____ Yes _____ No

**IMPORTANT:** Please attach two **(2)** current letters of recommendation from either a clergy person, former employer or co-worker, volunteer director, or someone who can tell us about your gifts and strengths. All fields are required to be filled out accurately prior to becoming a volunteer. Incomplete applications will not be processed.