

St. Francis Medical Center Volunteer Services
Trenton, NJ

Date Interviewed: _____

Interviewed by: _____

Junior Volunteer Application

Name: _____ (male) _____ (female) _____

Phone: (____) _____ Email: _____

Address: _____
Street City Zip Code

Name (s) of Parent (s) or Guardian: _____

School Attending: _____ Grade Level _____

Guidance Counselor _____ Principal _____

Have you ever been involved in disciplinary action at school? () Yes () No

If yes, describe circumstances: _____

What career are you considering? (Career Choice) _____ () Undecided

What do you expect to gain if you are accepted for Volunteer Service?

Participation in clubs or activities (school, church, or community) _____

Any special talents or hobbies? _____

Any prior volunteer service? Describe: _____

Do you have any physical, emotional or nervous condition? () Yes () No

Describe: _____

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

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

Which day(s) of the weeks are you available to volunteer? Mon.____ Tues.____ Wed.____ Thurs.____

The program runs from 9 a.m. to 1 p.m. daily.

IMPORTANT: Please have sent to us the Student Guidance Reference form, which must be completed by your school guidance counselor. Your application will not be considered complete until we receive this document. Your application packet must also contain the Parental Permission Consent Form signed by one of your parents. There are a limited number of volunteer slots and submitting an application does not guarantee acceptance or placement into the program.

In the event of an emergency please notify: _____

Relationship _____ Telephone # (____) _____

Return completed application to:

**Russ Hansel
VP, Mission and Ministry
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629**

St. Francis Medical Center Volunteer Services
Trenton, NJ

Volunteer Department Parental Consent Form

Date: _____

Dear Parent/Guardian:

We are considering the application of your son/daughter _____ for volunteer service at St. Francis Medical Center. Parental approval is required before we can act on his/her application. If you approve, please sign the consent form below and return it to my attention. If you have any questions, please do not hesitate to contact me.

Sincerely,

Russ Hansel
VP, Mission and Ministry
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
609-599-5785

-----TEAR HERE-----

PARENTAL PERMISSION

I hereby give my permission for my son/daughter to join the Junior Volunteer Program @ St. Francis Medical Center, Trenton, NJ and to work in whatever services he/she is assigned at the medical center. I realize the responsibility of the organization and will cooperate with him/her to comply with its regulation, which includes PROVIDING HIM/HER TRANSPORTATION AND SEEING THAT HE/SHE FAITHFULLY MAINTAINS HIS/HER SCHEDULED DUTY TIME.

Child's name _____

Applicant's (child's) date of birth: _____

Signature of parent or guardian: _____

Address: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Mother's Name and Address Phone no. _____ (h) _____ (w)

Father's Name and Address Phone no. _____ (h) _____ (w)

Guardian's Name and Address Phone no. _____ (h) _____ (w)

In case of an emergency, if St. Francis Medical Center is unable to reach any of the parties named above, I hereby authorize St. Francis Medical Center to render emergency medical care to my son/daughter.

Signature of Parent or Guardian _____ Date _____