



STUDENT VOLUNTEER APPLICATION

Today's Date _____

Name: _____ Home Phone: _____
(Last) (First) (Middle Initial)

Address: _____
(City) (State) (Zip)

Birth date: _____ E-Mail: _____
(Month/Date/Year)

Parents: _____

IN CASE OF EMERGENCY, NOTIFY: _____

RELATIONSHIP: _____ TELEPHONE: _____

SCHOOL NOW ATTENDING: _____

Do you have any medical condition, allergy or disability that would affect your volunteer job placement?
Yes _____ No _____ If yes, please describe: _____

Are you planning a career in a health care field? _____

Why are you interested in volunteering at Holy Family Memorial? _____

Are you volunteering to fulfill a volunteer services requirement? Yes _____ No _____
Number of hours required _____. This requirement is for _____.

OVER

What day of the week are you able to commit to volunteering? (Check all that apply)

MONDAY		TIME	
TUESDAY		TIME	
WEDNESDAY		TIME	
THURSDAY		TIME	
FRIDAY		TIME	
SATURDAY		TIME	
SUNDAY		TIME	

Would you like to be assigned to any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Admission/Discharge Escort | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Network Mail Room | <input type="checkbox"/> Plant Operations | |
| <input type="checkbox"/> Hospitality Center/
Surgical Lounge | <input type="checkbox"/> Pastoral Care Receptionist | <input type="checkbox"/> Health Resource Center |
| <input type="checkbox"/> Harbor Town Information Desk/Escort | <input type="checkbox"/> Espresso Connection Coffee Shop | |

Please list two references. **These references must be eighteen years of age or older and may not be a relative. One reference should be a teacher at your present school.**

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

I understand that if accepted as a student volunteer, it is my responsibility to read the rules and regulations for student volunteers, to be prompt, to call if I am unable to report as assigned, and to perform my assigned duties to the best of my ability. I also understand that I may have to go through health screening or provide evidence of having immunizations. I agree to the 50 hour minimum required to be a volunteer at Holy Family Memorial, and am aware that no community service hours will be signed for unless I have completed this 50 hour minimum.

SIGNED: _____

DATE: _____

What name would you like to use on your name badge? _____



STUDENT VOLUNTEER PROGRAM

**PARENTAL CONSENT FORM FOR STUDENT VOLUNTEERS
(ONLY FOR STUDENTS UNDER THE AGE OF 18)**

To the best of my knowledge, _____ has no physical or mental disabilities that may present problems to him/her or to any patient with whom he/she may come in contact with.

My child has my consent to serve as a student volunteer at Holy Family Memorial.

I further consent to health screening tests for my child including Rubella Titer (a blood test to determine immunity to German measles) and Tuberculin Skin Test. Both will be done at Holy Family Memorial's expense and are required to volunteers with patient contact.

I understand that my child is required to do a minimum of 50 volunteer hours to volunteer at Holy Family Memorial, and that no community service hours will be signed for if this 50 hour minimum is not met.

SIGNED: _____

RELATIONSHIP: _____

DATE: _____

Please return completed application to:

Volunteer Services
Holy Family Memorial
P.O. Box 1450
Manitowoc, WI 54221-1450