

Date \_\_\_\_\_

**SAINT FRANCIS MEMORIAL HOSPITAL  
APPLICATION FOR HIGH SCHOOL STUDENT VOLUNTEER SERVICE**

Ms.  
Miss  
Mrs.  
Mr.

\_\_\_\_\_ (Last) (First)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Home) (No.) (Street) (City) (Zip)

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Number to be called in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

What school are you attending? \_\_\_\_\_ Grade: \_\_\_\_\_

Hobbies, skills and/or languages: \_\_\_\_\_

\_\_\_\_\_

Volunteer/Employment experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were you referred to volunteer at Saint Francis? \_\_\_\_\_

\_\_\_\_\_

What are your expectations from volunteering? \_\_\_\_\_

\_\_\_\_\_

Days and hours preferred: \_\_\_\_\_

Volunteer Service preferred: \_\_\_\_\_

(over please)

**Please include two letters of reference from teachers along with your application. Please include the name and phone number of the teachers that have written your letters of reference.**

1. \_\_\_\_\_

2. \_\_\_\_\_

Student Signature: \_\_\_\_\_

**PARENTAL CONSENT**

\_\_\_\_\_ has my permission to become a Student Volunteer at Saint Francis Memorial Hospital. I will support her/his effort to honor the commitment made and encourage them to serve the medical center in a manner that will be beneficial to the Student Volunteer and Saint Francis Memorial Hospital.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

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**OFFICE USE ONLY:**

Interview date: \_\_\_\_\_

Placement: \_\_\_\_\_

Days and hours: \_\_\_\_\_

Starting date: \_\_\_\_\_

Orientation date: \_\_\_\_\_

Department notified \_\_\_\_\_

Name badge \_\_\_\_\_

Uniform Deposit \_\_\_\_\_

Parking \_\_\_\_\_

T.B. Test \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:** Saint Francis Memorial Hospital  
900 Hyde Street  
San Francisco, CA 94109  
Attention: Volunteer Services

Telephone: (415) 353-6655