Date

OFFICE USE ONLY: INTERVIEW DATE & TIME:

SAINT FRANCIS MEMORIAL HOSPITAL APPLICATION FOR HIGH SCHOOL STUDENT VOLUNTEER SERVICE

Ms.				
Miss				
Mrs.				
Mr				
(Last)		(First)		
Address:			Phone:	
(Home) (No.) (Street)	(City)			
Date of birth:(MM/DD)	Email:			
IN CASE OF EMERGENCY, NOT	`IFY:			
Relationship:	Phone:			
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 vol	unteering?			
Days and hours preferred:				
Volunteer Service preferred:				

(over please)

your letters of reference. 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. Parent/Guardian Signature Date **OFFICE USE ONLY:** Interview date: Placement: Days and hours: Starting date: Orientation date: Department notified _____ Name badge Uniform Payment Parking 2 T.B. Tests

IMPORTANT: 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

PLEASE RETURN APPLICATION TO: Saint Francis Memorial Hospital

900 Hyde Street

San Francisco, CA 94109 Attention: Volunteer Services Telephone: (415) 353-6655