

Date _____

**SAINT FRANCIS MEMORIAL HOSPITAL
APPLICATION FOR ADULT VOLUNTEER SERVICE**

Ms.

Miss

Mrs.

Mr. _____

(Last)

(First)

Address: _____ Phone: _____

(Home) (No.) (Street) (City) (Zip)

Address: _____ Phone: _____

(Business) (Name of Firm)(Address)

Email: _____

Occupation or former occupation: _____

Date of Birth: _____

(Month) (Day)

Number to be called in case of emergency: _____

Name & Relationship: _____

Personal Physician: _____ Phone: _____

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 Position Preferred: _____ (over please)

Have you pleaded guilty or been convicted of a felony crime within the last 5 years?

_____ Yes _____ No

(A "yes" answer does not automatically bar you from volunteering at Saint Francis. The nature of the offense will be considered in reaching a decision regarding volunteer placement.)

Please give two references with addresses and telephone numbers.

1. _____

2. _____

Please note that all volunteers are required to have a background check before volunteering. You will be given more information regarding the background check when you come in for your interview.

Signature: _____

OFFICE USE ONLY:

Interview date: _____

Placement: _____

Days and hours: _____

Starting date: _____

Orientation date: _____

Department notified _____

Name Badge _____

Uniform _____

Uniform Deposit _____

Parking _____

T.B. Test _____

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

Telephone: (415) 353-6655