



Attention Jr. Volunteers: In addition to the below references, please provide us with two (2) letters of recommendation, either from a teacher, guidance/camp councilor, or someone (who is not family) that can tell us a little bit about you.

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References (other than a relative)

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Name:	Phone #:	Relationship:

In case of an Emergency, whom do you wish us to notify? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Can you commit to giving St. Vincent Hospital a minimum of 2 days, 4 hours per shift each week for a minimum of six months? Yes  No

If you are under the age of 18, you can ONLY volunteer between the hours of 8:00 am – 6:00 pm Monday-Friday during school and only for 3-hours a day. WEEKENDS ARE NOT AVAILABLE.  
For more information-please see the Manager!!

Approximate Times	Mornings (8:30am – 12:00 pm)	Afternoon (12:00 – 5:00 pm)	Evening (After 5:00 pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I certify that the information given above is complete and accurate and I understand that misrepresentation and /or withholding of information will result in the rejection of this application or my discharge (if discovered after volunteer services begin). I authorize Saint Vincent Hospital to make inquiries regarding my history character and hereby release individuals of all liability in responding to inquiries in connection with my application and release Saint Vincent Hospital from all liability with respect to such inquiries.

I understand that yearly, I must provide Saint Vincent Hospital with updated immunization records that include a Tuberculosis (PPD) test and an updated Annual Review of Knowledge (ARK). If less than 18 years of age, please see the Director/Manager/Supervisor for a parental consent form.

As a volunteer, I agree to abide by all Saint Vincent Hospital policies, procedures and standards and will continue to support the Mission and Values of Saint Vincent Hospital.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature