



Step One: Complete & Return this form
VOLUNTEER PRE-APPLICATION

Adult College Student High School

Date: _____

Name _____ Home Phone _____
First Middle Last

Street Address _____ Cellular Phone _____

City, State, Zip _____ E-mail Address _____

Are you willing and able to commit 100 hours/year of service to St. Joseph Hospital? Yes - No -
Are you willing and able to commit to a regularly scheduled 4 hour shift each week? Yes - No -

Note: A Social Security number is required in order to complete the mandatory criminal background check; you will be asked for the number if accepted into the program during your interview.

In order to evaluate your application and determine whether we will be able to offer you a place on our team, we would like to get to know you better. As you answer the questions below, please feel free to attach additional pages if needed. We also encourage you to send a resume, letter of reference or other documents that might help support your application.

Please share with us why you would like to volunteer at St. Joseph Hospital. _____

Please describe for us a time when you have interacted with someone who was ill, recovering from surgery or recovering from mental illness. What were your challenges and successes? _____

Do you have previous volunteer experience? If yes, please list locations, positions held and dates for your previous experience. If no, please share life/work experiences that will help you succeed as a volunteer in a hospital.

-- Continue on Reverse --

Please tell us more about one of your previous volunteer experiences. _____

If you have work or life experience, please share how it will help you succeed as a hospital volunteer.

Do you have any special skills, talents or interests you would be willing to share with us? _____

Are you planning on volunteering with: **Depression BiPolar Service Alliance (DBSA)?** Yes - No -
Eucharistic Minister? Yes - No -

MAIL, FAX, HAND-DELIVER OR E-MAIL COMPLETED FORM TO:

St. Joseph Hospital Volunteer Services 1100 West Stewart Drive
PO Box 5600 Orange, CA 92863-5600 (714) 771-8125
FAX (714) 744-8696 jill.loucks@stjoe.org

We will contact you within two weeks of receipt of the pre-application
as to whether or not you will be invited to an orientation.