



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

Date: \_\_\_\_\_

Adult

College Student

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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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](mailto: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.