

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

Adult  College Student

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

High School Volunteers call 714-771-8125 Ext 1 for date of our annual High School Information Session. Please do NOT complete this form.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Are you able to commit 100 hours of service over 6 months 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 or other documents that might help support your application.

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

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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? \_\_\_\_\_

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Do you have previous volunteer experience? If yes, list locations, positions held and dates for your previous experience.

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**-- Continue on Reverse --**

Was there a particular department or service you were interested in being assigned to as a volunteer? \_\_\_\_\_

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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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**PROPOSED VOLUNTEER SCHEDULE** Please indicate options as to when you are available to volunteer one 4-hour shift/ week (example, weekday mornings or Saturday afternoons). Note: Weekend & evening options are limited.

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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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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 X 4  
FAX (714) 744-8696 [jill.loucks@stjoe.org](mailto:jill.loucks@stjoe.org)

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