

Step One: Complete & Return this form

VOLUNTEER PRE-APPLICATION

High School _____ College Student _____ Adult _____

Date: _____

Last Name (Please Print) First Name MI

Home Address City Zip code

Phone Number Cell Number

E-Mail address (Please Print) Date of Birth

Note for 18 and over: A Social Security number is required in order to complete the mandatory criminal background check; you will be asked for the number during the interview process.

In order to evaluate your pre 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.

Do you currently work or attend school? Yes [] No []

Junior volunteers: High School Attending _____ Grad. Year _____

Adult volunteers are you willing and able to commit 100 hours/year of service to St. Mary Medical Center? Yes [] No []

Junior volunteers are you willing and able to commit 80 hours/year of service to St. Mary Medical Center? Yes [] No []

Adult volunteers are you willing and able to commit to a regularly scheduled 4-hour shift each week? Yes [] No []

Junior volunteer are you willing and able to commit to a regularly scheduled 3-hour shift each week? Yes [] No []

What days and times are you available to volunteer?

Please circle

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
am pm am pm am pm am pm am pm am pm am pm
Other Other Other Other Other Other Other

Junior Volunteers:

High School Attending: _____ Grad. Yr. _____

School/after School Activities: _____

Please share with us why you would like to volunteer at St. Mary Medical Center. _____

What expectations do you have by volunteering at St. Mary Medical Center? _____

Do you have limitations, handicaps or health conditions that should be taken into consideration before determining a volunteer assignment? Yes No
If so please explain: _____

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 you believe will help you succeed as a hospital volunteer. _____

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

Do you speak any other languages besides English? Yes No If so, what languages: _____

Do you have family members who work for St. Mary Medical Center? If so, please note their names and relationship to you? _____

The above information is accurate to the best of my knowledge.

Signature _____ Date _____

Mail or E-mail completed form to:

St. Mary Medical Center
18300 Highway 18
Apple Valley, CA 92307
Attn: Volunteer Services

Email: StMary.Volunteer@stjoe.org

We will contact you regarding the possibility of volunteering at St. Mary Medical Center within 7-10 business day of receipt of your pre-application.