Qualifications for the Program:
1. Must currently be enrolled in high school, grades 9-11.
2. Must be 14-18 years old.
3. Must be able to fully commit for one year and serve a minimum 4 hours per week.

All forms must be completed, signed, and turned in to the Volunteer Services Department. Should you have questions regarding any form, please feel free to contact the Volunteer Services office at 310-900-8574.
VOLUNTEER PRE-APPLICATION FORM

BASIC INFORMATION
Name ___________________________________________________________ Date ____________________
Address ________________________________________________________ Apt. # __________________
City, State, Zip Code ______________________________________________
Date of Birth ___________ Home Phone ________________ Social Security # ____________
Cell Phone ________________ E-Mail __________________________________

PARENT/GUARDIAN INFORMATION
Parent/Guardian Name ____________________________________________ Cell Phone ________________
Work Phone ________________ E-Mail __________________________________
Parent/Guardian Name ____________________________________________ Cell Phone ________________
Work Phone ________________ E-Mail __________________________________

ACADEMIC BACKGROUND
Name of High School ____________________________________________ Grade Level ________________
City ____________________ Zip Code ________________ Phone Number ________________

ADDITIONAL INFORMATION
Do you have any special considerations which would prevent you from performing essential volunteering functions?
☐ Yes  ☐ No  If “Yes”, please explain: __________________________________________________________

Do you speak any languages other than English?
☐ Yes  ☐ No  If “Yes”, please list them here: ____________________________________________________

Please write any family and/or friends you have that are currently employed by St. Francis Medical Center.
Name ____________________________________________ Position ________________________
Name ____________________________________________ Position ________________________

How did you hear about our high school volunteer program?
______________________________________________________________
SHORT ANSWER QUESTIONS

Please answer the following questions in 100-250 words.

Why do you want to volunteer for St. Francis Medical Center?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are your personal career goals?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Tell us about an important lesson you have learned in your life.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
INVolVEMENT AND SKILLS

Please answer the following questions concerning your involvement and skills.

List and briefly explain any sports and/or extra curricular activities you are involved in and for how long you have participated in those activities.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If applicable, list and briefly explain any volunteer work or jobs you currently have and for how long you have worked there.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How proficient are you in the Microsoft Office Suite (Word, PowerPoint, Excel, Outlook)?

________________________________________________________________________

________________________________________________________________________

Do you have any special interests or hobbies you believe would help you exceed in our volunteer program?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
AVAILABILITY AND COMMITMENT

Please check off all the days and shifts you are available to commit to volunteering. Please note that the minimum weekly requirement is four hours per week (two weekday shifts or one weekend shift).

- [ ] Monday    □ 4:00 PM - 6:00 PM □ 6:00 PM - 8:00 PM
- [ ] Tuesday   □ 4:00 PM - 6:00 PM □ 6:00 PM - 8:00 PM
- [ ] Wednesday □ 4:00 PM - 6:00 PM □ 6:00 PM - 8:00 PM
- [ ] Thursday  □ 4:00 PM - 6:00 PM □ 6:00 PM - 8:00 PM
- [ ] Friday    □ 4:00 PM - 6:00 PM □ 6:00 PM - 8:00 PM
- [ ] Saturday  □ 8:00 AM - 12:00 PM □ 12:00 PM - 4:00 PM
- [ ] Sunday    □ 8:00 AM - 12:00 PM □ 12:00 PM - 4:00 PM

To be considered as a candidate for our volunteer program, you MUST return the application before ______________ by 4:30 pm.

I am signing as to confirm that all the information that I have provided is true and that only I have answered all the questions for myself.

________________________           __________
Signature                                      Date
SCHOOL RECORDS RELEASE AUTHORIZATION

It is necessary to obtain authorization for release of information from a student’s school record to be used as a reference on the student’s application to become a volunteer at St. Francis Medical Center.

I hereby authorize a counselor from the below noted school to release a copy of my son/daughter’s cumulative transcripts and information regarding my child’s school grades and habits. Pre-application will not be accepted without this information included.

________________________________________________________________________
Parent/Legal Guardian Signature                                      Date

________________________________________________________________________
Name of High School

________________________________________________________________________
Student’s Name

Completion by a School Counselor is required:

Grade Point Average: ______________________________________________________

Work Habits: ______________________________________________________________

Cooperation: ______________________________________________________________

Attendance: ______________________________________________________________

Additional Comments: ______________________________________________________

________________________________________________________________________
School Counselor Signature                                           Date

________________________________________________________________________
Phone Number