



## Student Volunteer Application

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex(M/F) \_\_\_\_\_ Date of Application \_\_\_\_\_

Name: (Mr.,Ms.,Mrs.,Miss) \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Present Occupation \_\_\_\_\_

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***IN AN EMERGENCY NOTIFY***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Work Cell

Company Name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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Hobbies \_\_\_\_\_

Do you wish to join the Auxiliary? \_\_\_\_\_ How did you become interested in our program? \_\_\_\_\_

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What areas would you like to volunteer in? \_\_\_\_\_

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Have you volunteered at St. Mary's Health Center or other institution in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where and when.

