

# Volunteer Services New Volunteer Application



**ST. JOSEPH**  
HEALTH SYSTEM

2700 Dolbeer Street  
Eureka, California 95501  
707-445-8121 ext. 7530  
or ext. 7533

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

Adult                       Student 14-18 yrs.

Last Name _____	First Name _____	MI _____	
Address _____	Home Phone _____		
City _____	State _____	Zip _____	
Social Security Number _____	DOB _____		Month/Day _____

### Education and Work Experience

Current Employer _____	Circle Last Grade Completed
Work Phone _____	High School 9 10 11 12 Graduation Date _____
Position Responsibilities _____	College 1 2 3 4 Graduation Date _____
_____	College Major _____

### Skills/Preferences

- Helping Visitors
- Helping Patients
- Mailings/Special Projects
- Typing/Filing
- Errands/Delivery
- Answering Phone
- Sewing/Crafts
- Computer

### Volunteer Work Preference

- Adults
- Children
- Visitors/Families
- Patients
- Other Volunteers
- Individually
- Office
- Numbers/Data

### Availability

Please check the boxes for the days and times you are most often available to volunteer.

	S	M	T	W	T	F	S
AM							
PM							
After 4							

Are you required to Volunteer?  Yes  No  
How did you hear about our Volunteer Program? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please advise us if any accommodation is needed to participate in the application process.  
Note: Please include one reference letter with your application.

Do you have any physical condition or medical problem which may limit your ability to perform the work of a volunteer?

Yes                       No

If "Yes," please explain:

