

## Volunteer Application for St. Joseph's Hospital (Parkersburg, WV)

Name \_\_\_\_\_ Birth Month \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Community Activities (church, clubs, school, athletics, etc.) \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

Commitments affecting volunteer hours (family, work, school, etc.) \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer at St. Joseph's Hospital? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To the best of my knowledge, the above information is accurate and correct, I give my permission to contact the references listed below (no relatives, please)*

1. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, sex or disability. You must be at least 14 years of age or have completed the eighth grade to apply.*

**St. Joseph's Hospital is not obligated to provide placement nor is a volunteer obligated to accept the position offered.**

### Parental Consent for Teen Volunteer

I do authorize my daughter/son, \_\_\_\_\_ to take part and act as a Volunteer in the Teen Volunteer Program at St. Joseph's Hospital in Parkersburg. Teen's Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Parent \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or drop off this application to:**

**Volunteer Services Department, St. Joseph's Hospital. PO Box 327, Parkersburg WV 26102**