

**HIGH SCHOOL STUDENT VOLUNTEER APPLICATION**

Dear Applicant,

Please complete all 3 pages of this application and be sure you and your parent sign on the designated lines on page 3.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_ M or F

BIRTHDATE \_\_\_\_\_ YOUR AGE TODAY \_\_\_\_\_ YEAR YOU GRADUATE \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_ GRADE \_\_\_\_\_ GPA \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

How did you become interested in our student program? \_\_\_\_\_  
\_\_\_\_\_

Is the student presently employed? \_\_\_\_\_ Where? \_\_\_\_\_ # of hours perweek \_\_\_\_\_

Please list all school and community organizations and clubs. \_\_\_\_\_  
\_\_\_\_\_

Please list any offices held. \_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you involved in school sports? \_\_\_\_\_ List sports \_\_\_\_\_ --- \_\_\_\_\_

Are you involved in club sports? \_\_\_\_\_ List sports \_\_\_\_\_

How will you get to the hospital to volunteer? \_\_\_\_\_

How will you get to the MANDATORY GENERAL MEETINGS? \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_ Please list \_\_\_\_\_

Do you feel you work well with people? \_\_\_\_\_ Please explain \_\_\_\_\_

What ONE word best describes you? \_\_\_\_\_ Please explain \_\_\_\_\_

List your strengths \_\_\_\_\_

List your weakness \_\_\_\_\_

Are you dependable? \_\_\_\_\_ Explain \_\_\_\_\_

Explain why you feel we should accept your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Week day Shift Schedules are Monday thru Friday 4PM to 8 PM**

Check the week days you would be available: Mon.\_\_\_\_ Tues.\_\_\_\_ Wed.\_\_\_\_ Thur.\_\_\_\_ Fri.\_\_\_\_

**Weekend Shift Schedules are 9AM to 1PM, or 12PM to 4PM, or 4PM to 8 PM**

Check the weekend times you are available: Sat.\_\_\_\_ Shift Time \_\_\_\_\_ Sun.\_\_\_\_ Shift Time \_\_\_\_\_

I understand that my volunteer status is pending satisfactory results of a TB test, satisfactory proof of identity, as well as training and provisional periods.	Initials
I agree to conform to the rules and standards of Mission Hospital and the Auxiliary. I have read the core values of the hospital, listed below, and agree to adopt these values in my contact with patients, staff, physicians and visitors in this facility.	Initials
I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or other supplement materials will be cause for immediate dismissal at any time during my association as a volunteer.	Initials
The four <b>CORE VALUES</b> of Mission Hospital are the guiding principles for all we do. Each of us is committed to these values and work to make them present in our relationships with each other and with those we are privileged to serve. Our values continue a tradition of excellence and a dedication to help heal all those we touch.	
<b>Dignity</b> We respect each person as an inherently valuable member of the community and as a unique expression of life.	
<b>Excellence</b> We foster personal and professional development, accountability, innovations, teamwork, and commitment to quality.	
<b>Service</b> We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community and society.	
<b>Justice</b> Advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.	

**I understand that Mission Hospital is a smoke free campus and my responsibility to abstain from smoking on the Mission Hospital campus. I understand that non-compliance of this policy may result in disciplinary action, up to and including dismissal from the Auxiliary. \_\_\_\_\_please initial.**

**Upon acceptance of my application, I understand that my advisor will not sign for community service hours until I have completed my training, I am working a regular shift and a member in good standing.**

**APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**Return or deliver to:**

**Alicia Hoover  
Coordinator Student Volunteer Services  
Mission Hospital  
27700 Medical Center Road  
Mission Viejo, CA 92691**

RV 2/09