

# Volunteer Application

\_\_\_\_\_  
Last name First name Middle name (or initial)

\_\_\_\_\_  
Street address

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

Are you at least age 18 or older?  Yes  No

\_\_\_\_\_  
Phone Alternate phone (optional)

\_\_\_\_\_  
Email

Have you ever volunteered or worked in a medical setting before?  Yes  No

Briefly describe your experience working with children/teens:

If no experience, why do you feel you're qualified to work with hospitalized children/teens?

What skills do you bring to working with hospitalized children/teens?

Can you commit to volunteer for six consecutive months, with a total of 72 service hours or greater?  Yes  No

Have you ever been convicted of a misdemeanor or felony?  Yes  No

## Availability

### Monday

9am-12pm  1-4pm  NA

### Tuesday

9am-12pm  1-4pm  NA

### Wednesday

9am-12pm  1-4pm  NA

### Thursday

9am-12pm  1-4pm  NA

### Friday

9am-12pm  1-4pm  NA

### Saturday

9am-12pm  1-4pm  NA

To apply, email your completed application:  
[childrensvolunteer@baycare.org](mailto:childrensvolunteer@baycare.org)



St. Joseph's  
Children's Hospital