



STUDENT VOLUNTEER APPLICATION

DATE: ____ / ____ / 20____

APPLICANT'S INFORMATION

Name: _____

Home Address: _____
Number & Street City/State Zip

Home Phone: _____ Cell Phone: _____ (Please circle preferred phone number at which to reach you)

In case of emergency, please notify:

	<i>Name</i>	<i>Best Phone #</i>	<i>Relationship to you</i>
1.)	_____	_____	_____
2.)	_____	_____	_____

APPLICANT'S SCHOOL INFORMATION

School Name/City: _____ Phone: _____

Teacher's Name: _____ Teacher's Email: _____

Name of class: _____ What grade did you last complete?: _____ Current Grade: _____

Did someone refer you here?: Yes or No If yes, who?: _____

Did you know about St. Clare-Newport before now? If yes, please share: _____

Why did you choose to apply here?: _____

How many community service hours do you need to fulfill?: _____

What date must you complete your hours by?: _____

Are you interested in attending college?: _____

If so, do you know what area you may major in?: _____

Volunteer Experience:

Please list most recent experience first. Additional service/information may be listed on the back of this form.

<i>Dates</i>	<i>Description of Work</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TELL US ABOUT YOURSELF

- 1. Are there any interests/hobbies/etc. that you may want to share with the elders/staff of St. Clare? : _____

- 2. What do you consider to be your greatest strength?: _____

- 3. Name an accomplishment (large or small) of yours that makes you feel proud: _____

- 4. Name two things you would *prefer* to do as a St. Clare volunteer: _____

- 5. Is there anything that would prevent you from performing the activities of the volunteer position(s) for which you are applying? Yes or No If yes, please explain: _____

6. References – Please list three (3) personal references:

<i>Name</i>	<i>Address</i>	<i>Telephone number</i>	<i>How related to you</i>
-------------	----------------	-------------------------	---------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. How often would you *like* to volunteer? (once a week, twice a week, etc.): _____

8. Please circle the day(s) you are *available* to volunteer and indicate the best time (on line below the day):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

9. Is there anything else you would like to share or like us to know about you?

If you are accepted as a volunteer, there will be periodic evaluations to make sure that you are suited to the job to which you are assigned. These evaluation periods will provide an opportunity for volunteers to comment.

PLEASE READ AND SIGN BELOW

I fully agree to uphold the policies, procedures and confidentiality of St. Clare-Newport. Furthermore, I will treat every resident with RESPECT, DIGNITY and the BEST quality of care that I can provide within the guidelines of the volunteer service that I provide.

Applicant Signature: _____ Date: _____

SCN Staff receiving application: _____ Date: _____