



St. Mary's Medical Center

St. Mary's Medical Center
Volunteer Services
201 NW R. D. Mize Road
Blue Springs, MO 64014
Phone: 816-655-5362
Fax: 816-655-5408

Student Volunteer Application

High school students at least 15 years of age are eligible to apply for the St. Mary's Medical Center Student Volunteer Program. In addition to this application, student volunteers are required to provide two letters of recommendation with at least one written from a teacher or counselor and must volunteer a minimum of 6 months, once a week, for 4 hours at a time. Please contact Katherine Brown, 816-655-5362 or kbrown71@primehealthcare.com, if you have questions.

Applicant Information

Date _____

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail Address _____

Birth date ____/____/____ SS # ____-____-____ Gender _____

Emergency Contact Name _____

Relationship to Applicant _____ Phone Number _____

Employer Information Present Employer Previous Retired

Employer Name _____

Your Job Title _____

City and State _____

Work e-mail address (if applicable) _____ Phone Number _____

Education (Student volunteers must be at least 15 years of age and in high school.)

Please circle the last grade completed: 9 10 11 12

Name/City of High School _____

Other training, skills, classes, computer experience _____

Previous Volunteer Experience

Organization _____

City/State _____ Phone _____

Supervisor _____ Dates Volunteered _____

Please describe your work _____

Day Available to Volunteer:

____ Mon ____ Tues ____ Wed ____ Thurs. ____ Fri ____ Sat ____ Sun

Times Available (check all that apply):

____ 8:00 a.m. – 1:00 p.m. ____ 1:00 – 5:00 p.m. ____ Other _____

References: Please list the names of your personal references. Enclose letters of recommendation with application. A teacher or counselor must submit one of the recommendation letters. Family members may not be used as personal references. *Applications without recommendation letters will not be processed.*

Name _____ Name _____

Relationship _____ Relationship _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please describe the nature of the offense and the punishment you received. _____

List any relatives employed by St. Mary's Medical Center _____

ACKNOWLEDGEMENT: I affirm the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the Volunteer Services program. I understand this application does not guarantee a volunteer placement at St. Mary's Medical Center. If accepted, I understand that as a volunteer who performs hours of service, there is no promise, expectation now, nor ever will be any compensation for services rendered.

Applicant Signature _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____
(Required)