

**CHI St. Vincent/North  
Junior Volunteer Application 2018**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ DOB & SSN \_\_\_\_\_

Parent or Guardian with whom you reside: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a friend and/or relative who works at St. Vincent? Yes  No

If yes, who? \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please list any hobbies or special interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in a medical career? Yes  No

If yes, what field? \_\_\_\_\_

If no, what is your ambition? \_\_\_\_\_

Are you interested in working in patient care? Yes  No

Are you interested in office work as part of your volunteer work? Yes  No

Which of the following skills do you have?

Computer \_\_\_\_\_ Bilingual \_\_\_\_\_

Specific Programs? \_\_\_\_\_ What language? \_\_\_\_\_

Location Preference: (please circle) CHI St. Vincent Infirmery / CHI St. Vincent North

If there is a particular unit or department in which you would like to work? Yes  No

If yes, then were? \_\_\_\_\_

Have you ever been a St. Vincent Junior Volunteer ? Yes   No

If so, when? \_\_\_\_\_

If accepted, I agree to abide by the rules and regulations of CHI St. Vincent /North

\_\_\_\_\_

Signature

CHI St. Vincent Volunteer  
#2 St. Vincent Circle  
Little Rock, AR 72205-5499

**Deadline May 31, 2018**

Parent or Guardian Signature  
**These components must be attached to the application. If any  
components are lacking, the application  
will not be considered.**

- \* A copy of the most recent Report Card
- \* A letter of recommendation from a teacher, counselor or youth minister.
- \* A 100 word essay, titled:  
"The Difference I Can Make As A Volunteer"