



**\*STUDENT APPLICATION (UNDER 18 YEARS OF AGE)\***

Volunteer/Student Intern  
7<sup>th</sup> and Clayton Streets, Wilmington, Delaware 19805

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

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In Case of Emergency Notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What interests you about volunteering at St. Francis? \_\_\_\_\_

In which area(s) would you like to volunteer? \_\_\_\_\_

Do you have any relatives working in the hospital? Yes [ ] No [ ]

If yes, in what departments? \_\_\_\_\_

Please list any skills, hobbies or special interests: \_\_\_\_\_

**Education:**

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Highest Grade Completed: 9<sup>th</sup> [ ] 10<sup>th</sup> [ ] 11<sup>th</sup> [ ] 12<sup>th</sup> [ ]

Counselor or Advisor: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**If you are presently employed, please complete the following:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position title & responsibilities: \_\_\_\_\_

Please list any previous volunteering experience: \_\_\_\_\_

Have you ever been convicted of a crime or violation other than a minor traffic infraction?

Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_

Please list two references who are not members of your immediate family:

- |                     |                     |
|---------------------|---------------------|
| 1. Name: _____      | 2. Name: _____      |
| Relationship: _____ | Relationship: _____ |
| Phone: _____        | Phone: _____        |

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I authorize St. Francis Hospital or Franciscan Care Center at Brackenville to verify the information I have provided on this application. I understand that any misstatement, omission or misleading information given in my application or interview may result in the rejection of my application or interview, or the withdrawal of any volunteer offer. I authorize St. Francis Hospital or Franciscan Care Center at Brackenville to make a thorough investigation and release from all liability and responsibility all person and entities, including my present employer, requesting or supplying information about my education, employment and activities, personal or otherwise. I acknowledge that any employment with St. Francis Hospital or Franciscan Care at Brackenville will be on a 90-day introductory basis. I understand that, if selected as a volunteer, I must abide by all rules and policies of the volunteer services program and that I can be terminated at any time.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The information contained on this application will be used to evaluate whether an appropriate placement is available for you within the volunteer services program.

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**For Office Use Only**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Assignment: \_\_\_\_\_ Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Committed Days & Hours: \_\_\_\_\_ Bilingual: \_\_\_\_\_

Comments: \_\_\_\_\_

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