

Volunteer Application

Please Complete Entire Application

High School (Junior Volunteer 16 – 17 yrs old) College Student Adult Date: _____

Last Name (*please print clearly*) First Name Middle Initial

Address City Zip Code

Home Phone Number Cell Number

Date of Birth Social Security Number (*required for background check*)

E-Mail address **required, please print clearly**

Emergency Contact Name Address City Zip Code

Phone Number Relationship

What days and times are you available to volunteer? (*Please check all that apply*):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
am pm am pm am pm am pm am pm am pm am pm

Junior Volunteer Only: (*requires parental approval*)

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____

The above information provided is accurate to the best of my knowledge.

Signature: _____ **Date:** _____

All Volunteers must meet the California Department of Public Health mandate for COVID-19 Vaccination, including any required Boosters (6 months after last dose of Pfizer/Moderna and 2 months after J&J); Failure to comply, will result in an automatic inactivation of your Volunteer Status.

Mail or E-mail completed form to:
Providence St. Mary Medical Center
Attention: Volunteer Services
18300 Highway 18, Apple Valley, CA 92307
Email: StMary.Volunteer@stjoe.org