

**VOLUNTEER APPLICATION**  
**Providence Mount St. Vincent**  
**4831 35<sup>th</sup> Avenue SW, Seattle, WA 98126**  
**(206) 937-3701 ext. 28170**

**Applicant name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Address:** \_\_\_\_\_  
(Street) (City) (State/Zip)

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**IN AN EMERGENCY CALL:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Do you attend school?**

Yes \_\_\_ No \_\_\_

If yes, Grade/Year: High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

**Are you currently employed?** Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_

**How did you hear about the volunteer program at Providence Mount St. Vincent?** \_\_\_\_\_

**Are you doing Community Service?**

Yes \_\_\_ No \_\_\_

If yes, Court Appointed \_\_\_\_\_ School/Church Project \_\_\_\_\_

**If you have ever worked or volunteered at Providence Mount St. Vincent in the past, please state year(s) and activity.**

\_\_\_\_\_

**Please circle the type of schedule you would prefer?**

Regular schedule   Flexible schedule   “On-Call” (special projects, events)

**Please *circle the day(s) and advise the time* that you are available to volunteer:**

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_  
F\_\_\_\_\_SA\_\_\_\_\_SU\_\_\_\_\_

**What type of volunteer activity would you prefer?**

- One-to-one visiting with residents
- Interaction with groups of residents
- General public contact activities
- "Behind the Scenes" projects or office tasks

**Do you have a specific volunteer job in mind? If so, please indicate:**

**Please list the names, addresses and telephone numbers of two references.**

1. Name: \_\_\_\_\_  
(First) (Last)  
Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_  
Telephone: \_\_\_\_\_  
(Day) (Evening)

2. Name: \_\_\_\_\_  
(First) (Last)  
Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_  
Telephone: \_\_\_\_\_  
(Day) (Evening)

I certify that the information given by me to Providence Mount St. Vincent is true and I understand that if I am accepted into the Volunteer Services Department, false or misleading information may result in my immediate dismissal. I authorize Providence Mount St. Vincent to contact the references given on my application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF VOLUNTEER APPLICANT IS UNDER THE AGE OF 18,  
PARENTAL PERMISSION IS REQUIRED.**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_