

Mercy San Juan Medical Center  
Volunteer Services

6401 Coyle Avenue, Suite 310 \* Carmichael, CA 95608  
(916) 537-5298

- |  |
|--|
| <input type="checkbox"/> Guild<br><input type="checkbox"/> Volunteer –at- Large<br><input type="checkbox"/> Junior (15 - 17) |
|--|

Please Print

Date:

NAME:	
ADDRESS:	CITY: ZIP CODE:
TELEPHONE: Home ( ) -	Work ( ) -
E-mail	Cell ( )

May we contact you at work? Yes No

PRESENT EMPLOYER/SCHOOL:	OCCUPATION:	
Date of Birth:	Graduation Year:	Social Security Number:
Emergency Contact:	Relationship:	Phone number:
Have you ever been employed or volunteered with Mercy? YES NO	If you answered yes to the above questions, please explain:	
What kind of volunteer work are you interested in?		
Please specify available days / times for volunteering:		
How did you hear about us?		
Do you know or are related to any employee of MSJMC? If yes, please specify Dept.		

**\*\*NOTE: Although we try to accommodate all requests to volunteer, there are times when circumstances prevent us from utilizing your services. We do not discriminate due to religion, creed, race, national origin, age, or sex.**

Are there currently any criminal charges pending against you? If yes, please explain.

Have you ever been convicted of a felony? If yes, add details below:

Have you been convicted of a misdemeanor within the last (7) years? If yes, add details below:

1) Conviction Date:

2) Conviction Date:

County and State:

County and State:

Jurisdiction:

Jurisdiction:

Nature of Offense:

Nature of Offense:

I acknowledge that the above information is true and correct.

**Signature:** \_\_\_\_\_

**\*\*JUNIORS: PLEASE COMPLETE THE FOLLOWING INFORMATION.**

**PARENT/GUARDIAN SECTION:**

I (we) hereby give permission for our son/daughter (name) \_\_\_\_\_  
to participate in the Mercy San Juan Volunteer Service's Junior Volunteer Program. I (we) understand  
the commitment of one year/100 hour's requirement.

**I also hereby give permission for my son/daughter in the event I cannot be located to receive first aid.  
However, please first try to contact me at the following numbers:.**

\_\_\_\_\_

**Parent/Guardian Name (Print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL COUNSELOR SECTION:**

School Name \_\_\_\_\_ GPA \_\_\_\_\_ Year Graduating \_\_\_\_\_

**I believe that, \_\_\_\_\_ will benefit from the Mercy San Juan Medical Center  
Volunteer Services Program and that it should not disturb their GPA (GPA needs to be 3.0 or greater).**

Counselor's Name (PRINT) \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete these questions and return with the application.**

**We are happy you are interested in volunteering at Mercy San Juan Medical Center. To help us better assist you we ask that you answer two questions for us.**

**1. I want to volunteer at Mercy San Juan because:**

(Please answer with one or two paragraphs – if you need more room, please attach another page.)

**2. What I hope to experience by volunteering at Mercy San Juan is:**

(Please answer with one or two paragraphs – if you need more room, please attach another page.)

**3. If you are a student, are you volunteering for a school project, to get credits or a course? What are the projects/ course expectations in hours, and length of time? Please bring the class syllabus to the interview.**

