



## Application for Summer Junior Samaritan Program – 2019

Please Print:

\_\_\_\_\_ / / \_\_\_\_\_  
Name of Junior Samaritan Applicant Date

Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address City/State Zip Code

School: \_\_\_\_\_ Grade (going into): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Hobbies, Skills, Special Interests: \_\_\_\_\_

Please list any planned summer activities (camp, vacations, etc.): \_\_\_\_\_

**NEW APPLICANTS-** *Essay Question: (Please answer on separate page in 200 to 300 words, typed and double spaced)*

- **New Junior Samaritan Volunteer Applicants:** What interests you about becoming a Junior Samaritan Volunteer at St. John's Hospital; what do you hope to gain from your experience as a Junior Samaritan volunteer; and what life and/or volunteer experiences do you think have prepared you to become a Junior Samaritan volunteer?

**AREAS OF INTEREST** (Check all that apply)

- \_\_\_\_\_ Positions with direct patient/guest contact
- \_\_\_\_\_ Guest and staff support in patient care areas
- \_\_\_\_\_ Administrative or clerical positions in office or public setting

**\*Junior Samaritans will be assigned in areas of need throughout the hospital.**

