



Application for Summer Student Samaritan Program – 2020

Please Print:

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

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

