

Volunteer Services – Student Profile

Please print all information, answering all questions as completely as possible.

Student Name: (Please print)	_Email:
1. Why do you want to volunteer?	
2. Is there a reason why you selected St. Elizabeth Hospital?	
3. Tell us about YOU. What are your personal strengths, what do	you do well?
4. We are looking for students who are caring and respectful. Pleathat you are such a person.	ase give <u>two</u> examples that demonstrate
5. Our patients and staff rely on volunteers who are dependable. If are dependable.	Please give <u>two</u> examples that show you
6. Do you plan to work or volunteer with another agency If so, where schedule.	here would this be? And what is your
7. What is your availability with your school schedule?	

Diago notum vous completed Student Duefile Fou	
Signature	Date
As a student applicant I have personally completed my ow	n student profile.
14. Is there any other information you would like to share?	
13. Is there a particular type of volunteer work that interests y	you? Why?
12. Do you have any special skills that you can offer? Please	list.
11. What transportation arrangements have you made to volu	inteer?
10. Do you have any vacation plans or plans over school brea	ıks?
9. Please list your activities both in and outside of school. activities with your commitment to volunteering? (Extra-curri	• • •
8. Do you plan to participate in any sports? If so, what is the	schedule?

Please return your completed Student Profile Form.

Fax: 920.831.8938 Email: seh.volunteer.svcs@affinityhealth.org

Mail or Hand Deliver to: St. Elizabeth Hospital, Volunteer Services, 1506 S Oneida Street, Appleton, WI 54915

For questions please call the Volunteer Services department 920.738.2425

Once your paperwork is received, you will be contacted regarding your interests.