



SINGING RIVER HEALTH SYSTEM

singingriverhealthsystem.com



Student Volunteer Application

Thank you for your interest in our Student Volunteer Program. Please complete this application for membership consideration. Print clearly.

Singing River Hospital Ocean Springs Hospital

Today's Date: _____ Age: _____ DOB: _____

Name: _____ Nickname: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you ever volunteered for this organization before? YES / NO

In case of emergency, contact the following individuals:

Emergency Contact #1

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Briefly state why you wish to become a Student Volunteer (Use and attach a separate page if needed.):

If your school offers an Allied Health Program, are you enrolled? YES / NO

Will you be able to work the required 10 hours per month and attend monthly scheduled meetings? YES / NO

If no, why: _____

Ocean Springs Hospital
3109 Bienville Boulevard • Ocean Springs, MS 39564 • 228-818-1111

Singing River Hospital
2809 Denny Avenue • Pascagoula, MS 39581 • 228-809-5000



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Name: _____

Interview Date: _____

Educational / Reference Information

Name of School: _____ Grade: _____

Please have a teacher complete the following section:

I verify that I know this applicant, he/she is of good character, and has a C+ or better GPA.

Signature of Teacher: _____

Please have two references (employers, teachers, ministers) complete the following:

I verify that I know this applicant, he/she is of good character. I would recommend him/her for acceptance into the Singing River Health System Student Volunteer Program.

Signature of Reference: _____ Relationship: _____

I verify that I know this applicant, he/she is of good character. I would recommend him/her for acceptance into the Singing River Health System Student Volunteer Program.

Signature of Reference: _____ Relationship: _____

Please read and sign the following: *I understand that by submitting this application I am not guaranteed acceptance into the Singing River Health System Student Volunteer Program. I also understand that if I am accepted as a member, I will be expected to follow the organization's guidelines and procedures, including a commitment of at least 10 hours of service per month in June and July and attending all scheduled meetings. I understand that failure to meet these requirements will result in dismissal from the program.*

Signature of Applicant Date

Signature of Parent/Guardian Date

Applications for the Summer 2019 Program are **due no later than May 1, 2019**. You may return this application to either Ocean Springs Hospital or Singing River Hospital Administration, or mail it to: Singing River Health System Guest Relations Department at 2809 Denny Avenue, Pascagoula, MS 39581.

Student volunteers must be at least 15 years old and an active high school student.

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