



Palos Community Hospital Student Volunteer Application

Mail to: Volunteer Services Department
12251 S. 80th Avenue
Palos Heights, IL 60463
(708) 923-4041

Please print all information.

Date _____

Name _____ Date of Birth _____
Last First Middle

Social Security No. _____ Male _____ Female _____

Address _____ City _____ Zip _____

Email Address _____

Home Phone _____ Cell/Alternate Phone _____

School _____ Graduation Year _____

Emergency Contact:

Name Relationship Phone

Please circle session* you are applying for: Winter Spring Summer Fall

Please circle days/times you are available: Mon 4-7p.m. Tues 4-7p.m. Wed.4-7p.m. Thurs 4-7p.m. Fri. 4-7p.m.

Sat. 8 a.m.-11a.m. Sat. 11a.m. – 2:00 p.m. Sat. 12:30 p.m. – 3:30 p.m.

*Each Session consists of 14 weeks.

Office Use only

Date Received _____ Follow up _____ Interview _____ References _____ Background Check _____ Orientation _____