

VOLUNTEER APPLICATION QUESTIONNAIRE

Name (please print): _____ Date: __/__/____

1. Why are you interested in volunteering at Saint Francis Hospital?

2. Describe any previous experiences that have influenced your decision to volunteer here?

3. Would you prefer direct patient contact or non-patient contact? Why?

4. If you are applying for a volunteer position in Children's Hospital, please describe any past experience you have had working with children.

5. What are your special skills, talents, and/or hobbies?

6. Do you like to work alone or with other people?

7. Please describe other commitments? (I.e. community, school, etc.)

8. What do you expect to gain from your volunteer work?

9. If you could create the perfect volunteer opportunity for yourself, what would you be doing?

10. How will you respond if the volunteer opportunity does not meet your expectations?

11. What do you think will be challenging as a volunteer? How will you handle the challenge?

12. Have you experienced the death of someone close to you in the last 2-3 years?
___No ___Yes If yes, what was your relationship?

13. Tell me about a difficult person you have had to deal with. How did you respond?

14. If I asked a friend to describe you, what would they tell me?
