



CHILD LIFE VOLUNTEER APPLICATION
St. Alexius Medical Center

Name:	
Address:	
Best phone # to be contacted at:	
Date of Birth	
E-mail address	
Employer Name	
Work Phone #	
Work Schedule	

Do you have any physical restrictions which would limit your ability to perform as a volunteer? _____

Do you speak or are you fluent in any other language besides English? _____

Current Work Experience or Experience with Children :

(If you have prior experience with children please elaborate; Duties, responsibilities, dates of service, and age of children served)

1. _____

2. _____

3. _____

Why do you want to be a volunteer in our Child Life Department?

What strengths would you bring to our program?

What days and hours would you prefer? _____

Are you willing to commit to a minimum of 50 hours within a 6-month period?

_____ **Yes** _____ **No**

Are you under the age of 18? _____Y _____N

For more information or questions, please contact Child Life Specialist Katie Hammerberg, 847-843-2000 ext 6634.