

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. \_\_\_\_\_

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

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What strengths would you bring to our program?

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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?

Please contact Kerry Murphy in the Child Life Department at 847-843-2000 ext 2900 for more information

For more information or questions please contact Child Life Specialist Kerry Murphy, 847-843-2000 ext 2900.