

Application for Membership
Saint Alphonsus
Adult Volunteer Program
1055 N. Curtis Rd., Boise, Idaho 83706

Date _____

Name (Last, First) _____ , _____

Address _____

City, State Zip _____ , _____

Cell or Daytime Phone Number _____

Email Address _____

Occupation _____

Business Address _____

City, State Zip _____ , _____

Why Are You Considering Volunteering at Saint Alphonsus?

Volunteer Experience _____

Special Interests

Fields of Study or Special Training

Personal References (not relatives)

Name _____

Email _____

Address _____

Telephone _____

Name _____

Email _____

Address _____

Telephone _____

Please indicate the days of the week that you would be able to volunteer:

Monday Tuesday Wednesday Thursday Friday ~~Saturday~~ (not currently available)

Please indicate the shifts you would like to volunteer:

Morning Afternoon

Signature of applicant

If mailing, please send to:

Saint Alphonsus Regional Medical Center
c/o Volunteer Services
1055 N. Curtis Rd.
Boise ID 83706