



A Community of Healing™

Student Volunteer Program

Student volunteer assignments include activities such as, house linen management, inventory supervision, filing, light cleaning, hospitality projects, and assisting the Volunteer Coordinator with various projects.

- Candidates must be full-time students.
- Students must attend one orientation meeting prior to their work assignment (this meeting will depend on the student's scheduled workday). Some jobs require spending extended periods of time on your feet.
- Students must carry themselves in a professional manner and adhere to appropriate dress attire at all times.
- Guardian supervision during your shift for students under 18 years of age (for more details contact the Volunteer Coordinator)

Fill out a Student Volunteer Application and submit your resume to Noha Shaikh at nshaikh@gabrielhoc.org or call (904) 821-8995 to for more information.

Once accepted as a Student Volunteer, I agree that I am making a commitment to serve to the best of my ability and will:

- Understand and support the missions of Gabriel House of Care and Volunteer Services
- Be aware of and concerned about how my actions will affect patients, their families, visitors, employees, and volunteers.
- Call the Volunteer Coordinator in advance if I am unable to be here or need to change my scheduled day and time.
- Demonstrate positive behaviors while interacting with others; which include serving/helping guests, families, visitors, and co-workers, respecting the individual dignity and privacy of others.

FURTHERMORE AND WITHOUT EXCEPTION, I shall hold as confidential all information that I may obtain directly or indirectly concerning guests and caregivers.

Student Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Student Volunteer Application

Name: _____ Date of Birth: _____

Address: _____
(City) (State) (Zip)

Phone: (mobile, home, work) _____

E-mail: _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

Availability

Which Days can you volunteer? (Sun,-Sat.): _____

Which Shift works best for you? (Morning, Afternoon, Evening, All): _____

School Information

School Name: _____

Credits Required: _____

Additional Information

List any special interests, skills or hobbies:

Do you speak any foreign Languages? If so, which one? _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please explain: _____

References (Please list three references, including their contact information.)

1. _____

2. _____

3. _____

How did you hear about us? _____

I certify that all the information provided in this application is correct to the best of my knowledge.

Signature: _____ **Date:** _____