

Please share your career goals: _____

What qualities, traits and skills can you bring to this program? How can you contribute? In at least 100 words (*required*):

Tell us about other community service (volunteering) in which you have been involved?

Do you have reliable transportation for the interview and also to **volunteer two, four-hour shifts per week** - Monday - Friday? (use extra paper if needed)

Yes No

References must be completed and placed in a sealed envelope with the reference's signature across the back flap.

A confidential reference form for each reference is supplied. I hereby release all references from all liability for issuing information regarding this applicant. I understand that by submitting this application I am not guaranteed acceptance into NMMC's Student Volunteer Program.

I acknowledge that participation in this program will depend on availability and the need for volunteers. I understand that if selected, I will submit my immunization record and a TB Skin Test will be administered. Candidates will be selected based on application, interview and availability.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

**If you have any questions, please call 662-377-3131 or email jvaughn@nmhs.net
Do not forget to include all high school grades, including the current year!**

Application Deadline March 30, 2018.

PLEASE MAIL YOUR APPLICATION TO:

**North Mississippi Medical Center
Volunteer Services Department
830 South Gloster Street
Tupelo, Mississippi 38801**

Must be postmarked no later than March 30, 2018