

# Student Community Volunteer Leadership Program

## APPLICATION

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### VOLUNTEER OPPORTUNITY PREFERENCE

Please designate your choice by priority from 1<sup>st</sup> to 4<sup>th</sup> OR indicate No Priority.  
Brief descriptions of each are attached.

- \_\_\_ Hospice House Volunteer
- \_\_\_ Homebound Patient Volunteer
- \_\_\_ Office Volunteer
- \_\_\_ Student Ex-officio Board Member & Volunteer
- \_\_\_ NO PRIORITY (willing to serve in any of the above roles)

**How do you define "Leadership"?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How do you define "Community"?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How do you think volunteerism strengthen a community?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please note any volunteer activities you have participated in or leadership roles you have held in your school and/or community and what you have learned from these experiences:**

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**Please share what you hope to gain from your participation in this program:**

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**If selected to participate as a Student Community Volunteer Leader, I agree to make a commitment to serve as outlined above.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**If my son/daughter is selected to participate as a Student Community Volunteer Leader, I agree to support his/her commitment to serve as outlined above.**

\_\_\_\_\_  
Parent's Signature (if student is not 18 or older)

\_\_\_\_\_  
Date

**REFERENCE:** (all applicants must provide a reference)

Based on my relationship with the applicant, I believe \_\_\_\_\_ (applicant) has the capacity to fulfill the commitment to this program, as outlined above. Please describe your relationship to the applicant and comment on why you believe this student would be a good candidate for this program.

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*Admission to the program is subject to successful completion of a background check and completing all training requirements.*

**Applications that are not fully completed, signed and submitted by the deadline will not be considered.**

**DEADLINES FOR APPLICATIONS:**

For Summer 2015 Session

Applications due by 4 p.m. on May 8, 2015

For Fall 2015 Session

Applications due by 4 p.m. on September 15, 2015

For Spring 2016 Session

Applications due by 4 p.m. on December 11, 2015

**PLEASE SUBMIT APPLICATIONS TO:**

**Pat Mellenthin, CEO  
Prairie Home Hospice & Community Care**

**408 East Main Street, Marshall, MN**