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STUDENT APPLICATION QUESTIONNAIRE

Questionnaire must be returned to Volunteer Services with-in 7days of application date.

NAME: _____

Tell us about any special interests, hobbies, or clubs you belong to:

Tell us about any volunteer work you may have done:

What are your reasons for wishing to join the volunteer program?

What are your career goals? (Anything healthcare related?)

What do you envision yourself doing as a volunteer?

Are you currently employed? How many hours per week?

When is the best time for you to serve?

Will you be unavailable for volunteering at any time during the summer? (IE: camps or vacations) If so, please list approximate dates.

Are you willing to serve more than once a week? _____

Would you like more than one service area? _____

Is there anything else you would like to tell us about yourself?

What is the best way to communicate with you?

Text Call Email