

STUDENTS SHARING OPPORTUNITIES AND RESPONSIBILITIES

2024 SSOAR APPLICATION

Name (Print Clearly)

Last

First

Middle Initial

Address

Street

City

State

Zip

Telephone

Email (Required)

School:

Name

Address

Guidance Counselor's Name and Email:

Previous volunteer activities including dates:

ESSAY: Why do you wish to participate in the SSOAR program? (Not to exceed 2 pages)

TWO (2) LETTERS OF RECOMMENDATION AND COPY OF WORKING PAPERS ARE REQUIRED

Letters from teachers, guidance counselors, and/or professional community members/Working papers from Guidance

Application, Essay Recommendations, and Working Papers Mailed ALL Together to:

Saratoga Hospital, Volunteer Services, 211 Church Street, Saratoga Springs, NY, 12866

Email: Betsy St.Pierre at estpierre@saratogahospital.org.

Deadline for receipt of completed emailed applications and accompanying documents is 4/09/2024.
Only applicants who send in fully completed applications by deadline will be acknowledged by email.

Participation limited to 20 students.

AVAILABILITY (Please check the boxes for the days and times you would be available to volunteer):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Applicant's Certification and Agreement

1. I understand that if I misrepresent or leave out any part of my application, I will not be eligible for the SSOAR Program.
2. I agree to conform to the policies and procedures regulating Saratoga Hospital.
3. I understand that my status will be as a temporary volunteer in the SSOAR Program, 2024.
4. I understand that communication will be primarily through email.
5. I attest that I can attend the full day SSOAR 2024 Orientation on Monday, June 28, 2024.
6. I have read and agree to the above and hereby certify that the facts I have provided in this application are true and complete.

Signature _____ Date _____



ALBANY MED Health System

SARATOGA HOSPITAL