



Name: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please answer the following questions and return to Mercy Hospital St. Louis Volunteer Services by February 14th, 2024 with your completed application and a letter of recommendation. Your answers will assist us in determining the best candidates for the TLC Program and help us shape activities geared towards your particular interests and talents.**

What do you hope to gain from your volunteer experience at Mercy?

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What medical area are you most interested in learning about and why?

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At Mercy, hospitality is a core aspect of our tradition. What are ways you make people feel warmly welcomed?

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What should excellent performance look like as a Mercy volunteer?

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What skills or qualities contribute to building relationships with patients/customers/co-workers/peers?

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