



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

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

**\*\*Only complete and legible questionnaires will be considered. You can type your answers but if hand written, please take the time to write large and clear enough for us to read it!\*\***

**Please answer the following questions and return to Mercy Hospital St. Louis Volunteer Services by February 14th, 2025 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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Tell me about something you handled/accomplished for which you were proud. What motivated you?

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Tell me about a time when you stood up for something or someone you believed in. What was the outcome? How did that make you feel?

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Are you able to follow directions and start tasks on your own without being told? If so, please tell us about a time when you exemplified this behavior.

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