STUDENTS SHARING OPPORTUNITIES AND RESPONSIBILITIES

2023 SSOAR APPLICATION

Last First Middle Initial	Name (Pri	nt Clearly)								
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 or Betsy St.Pierre at estpierre@saratogahospital.org. Deadline for receipt of completed emailed applications and accompanying documents is 4//21/2023. 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): Worning Morning Morning Norming Norm					First			Middle Initial		
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