

# STUDENTS SHARING OPPORTUNITIES AND RESPONSIBILITIES

## 2023 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  
or Betsy St.Pierre at [estpierre@saratogahospital.org](mailto: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):

	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, 2023.
4. I understand that communication will be primarily through email.
5. I attest that I can attend the full day SSOAR 2023 Orientation on Monday, June 26, 2023.
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