Student Serve and Learn
Program Application

*I understand that this is a **virtual** project.*

Individual Project

Group Project

Name _____
(Main contact for Group Project)

Address _____

Date of Birth _____ Phone _____ Email _____

Do you have relatives that work for JPS? If yes, please list their names and departments.

Are you seeking volunteer hours for a service or school project? If yes, please list the name of school, organization, or agency requiring hours.

Do you have volunteer experience? If yes, please list.

Please list the healthcare fields you are interested in learning about and briefly explain why.
Example: nursing, nutrition, physical therapy, behavioral health, pet therapy, administration, information technology, etc.

Please list all individuals participating in service project. Volunteer hours will be split according to service project hours.

Signature _____ Date _____

Save your electronic application and then email it as an attachment to **volunteers@jpshealth.org**.

JPS Health Network
Fort Worth, Texas