

## Application for Volunteer Services

Thank you for your interest in becoming a volunteer. We welcome your application. Volunteer opportunities are provided without regard to race, color, sex, national origin, religion, age, marital status or the presence of a non-job-related medical condition or handicap. Although the needs of St. John's Mercy Hospital are prime factors in determining volunteer assignments, every effort is made to place volunteers in accordance with their talents and abilities. The basic information provided on this form by the applicant is necessary for that purpose.

<b>Applying for:</b>		<input type="checkbox"/> Year round volunteer service	<input type="checkbox"/> Temporary volunteer project
Name: _____			
(First)	(Initial)	(Last)	
Street Address: _____		Cell Telephone ( ) _____	
City, State, Zip: _____		Home Telephone ( ) _____	
E-Mail address: _____		Date of Birth: _____	

**Only Students over the age of 22, complete the section below.**

School attending: _____ Major area of Study: _____ Are you seeking to complete a school requirement for volunteer service?      Yes    No Please Describe _____	Total hours required _____ Date of deadline for completion of service: _____ <i>Service hours will <u>not</u> be verified by the Volunteer Department prior to completion of the minimum required hours agreed to by the student.</i>
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How did you become interested in our volunteer program? \_\_\_\_\_  
 Were you referred to our program by any person in particular? \_\_\_\_\_  
 Are you seeking volunteer involvement for court order community service? \_\_\_\_\_  
 What are your reasons for seeking volunteer involvement? \_\_\_\_\_

**All Applicants Skills/Experience:**

Licensed/Certified Health Care Professional     
  Crafts       Computer       Finance       Fund Raising Projects       Retail  
 Patient Care       Nursing Service       Office       Spiritual Support

**Educational Information for Adult Applicants**

Completed High School or GED? **Yes** **No** / Trade School or other course of study: \_\_\_\_\_  
 College degree(s) completed. \_\_\_\_\_ Name(s) of college(s): \_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Office Only**

Date application received: _____	Start date: _____
Date of interview: _____	Area Assigned: _____
Date of orientation: _____	Joined Auxiliary? _____
Date completed TB: _____	
Completed Drug Screening _____	
Background check completed _____	

**Time Availability for Volunteering**

\_\_\_\_\_ **Days**

\_\_\_\_\_ **Evenings** (arrival time \_\_\_\_\_)

\_\_\_\_\_ **Weekends**

**Comments on availability**

How many **hours per week** can you volunteer? \_\_\_\_\_ How many **days per week** can you volunteer? \_\_\_\_\_

**Check preference of Days in order of 1, 2, etc.**

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_ Sunday

Have you ever been employed by this Hospital? Yes No In what capacity? \_\_\_\_\_

Are you currently employed? Yes No Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you currently a member of the Auxiliary of SJMH? Yes No

Have you volunteered at this SJMH in the past? Yes No In what capacity? \_\_\_\_\_

Are you currently involved in volunteer activities elsewhere? Yes No

For which organization(s) and position? \_\_\_\_\_

**Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to a felony or misdemeanor criminal charge, including one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole?** Yes No

If the answer is yes, specify the offense and the date, place and court which has a record thereof: \_\_\_\_\_

**Have you ever been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect, or are you listed on the employee disqualification list maintained by the Missouri Department of Social Services or any other state?** Yes No

If the answer is yes, specify the offense and the date, place, agency or other entity having a record thereof: \_\_\_\_\_

**In Case of an Emergency while I am on duty, please contact:**

**Name** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_ **Cell # ( )** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_ **Relationship to me:** \_\_\_\_\_

**As a volunteer, I agree to:**

- be punctual and conscientious in the fulfillment of assigned duties and accept supervision graciously.
- conduct myself with dignity and consideration for others.
- consider as confidential all information which I may hear directly or indirectly concerning the Hospital, patients, physicians, other professional staff, employees or any other volunteers, and will not seek confidential information in regard to the same.
- endeavor to make my work of the highest quality.
- uphold the traditions, standards and core values of St. John's Mercy Hospital which includes:  
**dignity      justice      service      excellence      stewardship**

\_\_\_\_\_ **Applicant's Initial**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_