



Volunteer Services Department  
901 E. Fifth Street  
Washington, MO 63090  
(636) 239-8044

### SJMH Student Volunteer Program Application for Volunteer Services

Name \_\_\_\_\_ Grade Level \_\_\_\_\_  
(First) (Middle) (Last)

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Number of years in program \_\_\_\_\_  
(Month) (Day) (Year)

***\*To be a Student Volunteer, student must be at least 15 years old.***

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell number (\_\_\_\_\_) \_\_\_\_\_

#### Student Volunteer Emergency Contact Information

Contact Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone/Pager \_\_\_\_\_

Name of school: \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Did someone refer you to our program? \_\_\_\_\_ If yes, who? \_\_\_\_\_

What are your reasons for seeking volunteer involvement? \_\_\_\_\_

Are you seeking to complete a school requirement for volunteer service? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, total hours required by school \_\_\_\_\_ Date of deadline for completion of required service hours: \_\_\_\_\_

Have you volunteered at St. John's Mercy Hospital in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

#### **To be completed by Volunteer Office:**

Date application received \_\_\_\_\_

Date of Interview \_\_\_\_\_

Date of Orientation \_\_\_\_\_

Date completed (2) PPD \_\_\_\_\_

Completed Drug Screening \_\_\_\_\_

Start date \_\_\_\_\_

Area Assigned \_\_\_\_\_

Days/Time \_\_\_\_\_

Letter of recommendation \_\_\_\_\_ yes \_\_\_\_\_ no

Summer Scheduling Worksheet \_\_\_\_\_

Shirt size \_\_\_\_\_, color \_\_\_\_\_ paid \_\_\_\_\_

Report Card \_\_\_\_\_ yes \_\_\_\_\_ no

Forms Signed \_\_\_\_\_ yes \_\_\_\_\_ no

Badge Received \_\_\_\_\_ Badge Returned \_\_\_\_\_

Department Orientation Returned \_\_\_\_\_



Are you involved in other volunteer activities? \_\_\_\_ yes \_\_\_\_ no

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

Have you ever been convicted of a criminal offense other than traffic violations? \_\_\_\_ yes \_\_\_\_ no

If so, indicate city, state, date and reason \_\_\_\_\_

### Parental / Guardian Consent for Student to Volunteer

Students under 18 years of age

If accepted into the program, I hereby authorize consent for my child \_\_\_\_\_  
(print name of child)

to participate as a Student volunteer at St. John's Mercy Hospital. He/She is \_\_\_\_ years of age and has completed the \_\_\_\_\_ grade.\*

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

### Parent Consent for Student Volunteer Picture Release

Print names in the blanks and sign at the bottom of the box.

I, \_\_\_\_\_ parent of \_\_\_\_\_ hereby acknowledge that I consent and give permission to you and anyone acting under your authority to make and use text, films, videotapes, photographs, drawings and other reproductions or depictions of my name, likeness, voice, words, actions and biography for any project, program, advertising, publicity or promotion for use in theatrical exhibition, television, radio, home video, educational videos, books, newspapers, magazines, electronic media and any other medium you may choose throughout the world.

I waive the opportunity and right to inspect or approve any text, films, videotapes, photographs, drawings, and other reproductions or depictions of my name, likeness, voice, words, actions and biography or any use to which they may be put.

I release you and your members, officers, directors, employees, agents and representatives, and those acting under your authority, from all debts, claims or liabilities of any kind arising out of or in connection with the making or use of such text, films, videotapes, photographs, drawings and other reproductions or depictions of my name, likeness, voice, works actions and biography.

I hereby certify that as the parent/legal guardian, I read this document and will sign below and I have read this document and understand its contents.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

### Student Volunteer Commitment Agreement

As a Student Volunteer at St. John's Mercy Hospital, 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.
- \* Observe the Hospital standards of safety and infection control.
- \* Endeavor to make my work of the highest quality.
- \* Uphold the traditions, standards and core values of the Hospital which includes:  
Dignity      Justice      Service      Excellence      Stewardship

\_\_\_\_\_  
**Student's Initials**

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

**Date:** \_\_\_\_\_

Interviewed by: \_\_\_\_\_

**Date:** \_\_\_\_\_