

St. John's Mercy Medical Center
Volunteer Application

Interview: _____ **ID#** _____
Orientation: _____ **Time:** _____ **Dept. Name(s):** _____ / _____
Dept # _____ **Dept #** _____
Orientated: Med Ctr ___ SNC ___ Off-Site _____ **Start Date:** _____
Training: _____
Status: Reg ___ ST ___ PRN ___ Smr ___ CS ___ **Disclosure date:** _____ **Pass** _____
Fail _____
No Info. _____
Uniform Size: _____ **(To be completed by Staff)** **Excel** _____ **Access** _____

PERSONAL INFORMATION:

Last name (please print) First Name Middle Initial

Address Apt# City State Zip Code

Phone (home): _____ (work): _____ (cell): _____
E-mail: _____ Birthday: _____ / _____ (month and day)

EDUCATION: Check all that apply: High School ___ College ___ Post Graduate ___
Degree(s): _____

WORK STATUS: Employed ___ Retired ___ Unemployed ___
If employed current place of employment: _____ Phone: _____

SKILLS/WORK EXPERIENCE:
Computer ___ RN/LPN ___ Crafts ___ Language (please specify) _____ Other _____

LICENSES & REGISTRATION: ___ Licensed ___ Eligible ___ Registered ___ Eligible

IN AN EMERGENCY, PLEASE NOTIFY:

Name: _____
Relationship: _____ Home Phone: _____ Cell Phone: _____
Address: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM

Friend ___ Newspaper ___ Brochure ___ Bulletin Board ___ Web Site ___ Other _____

VOLUNTEER AVAILABILITY: Please indicate the days and times you are available to volunteer (first and second choice).

Sun. ___ **Mon.** ___ **Tues.** ___ **Wed.** ___ **Thurs.** ___ **Fri.** ___ **Sat.** ___
Time preferred: Starting: _____ **Ending:** _____

SERVICE AREAS OPPORTUNITIES: (Please check any that would interest you)

Working with patients ___ Prefer no patient contact ___ Clerical ___

VOLUNTEER WORK PREFERRED: _____

Have you ever worked/volunteered at SJMMC or one of our Hospitals?

___ NO ___ YES (If yes, where and when: _____)

Volunteer Experience: _____ **Dates:** _____

Have you ever committed, been convicted of, pled guilty to, or pled no lo contendre to, a felony or a misdemeanor? NOTE: Conviction of a crime is not necessarily grounds for disqualification.

___ NO ___ YES (If yes, please explain:) _____

PERSONAL PREFERENCES:

Please list two references. Do not use your personal physician(s) or relatives:

_____/_____
_____/_____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a VOLUNTEER, I...

- **Agree to complete the volunteer orientation and training until I am competent to perform the required duties**
- **Agree to a complete ANNUAL education review and TB screening as well as any additional service-specific training that may be deemed necessary**
- **Agree to comply with all the rules and regulations of SJMMC**
- **Understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service guidelines**
- **Agree to contact the Volunteer Manager or my Department Supervisor as soon as possible when I have scheduling changes**
- **Agree to accept assignment to a**
- **new service area if absent for an extended period of time**

ACKNOWLEDGEMENT:

I have read the service description for _____ and fully understand this service description, duties, qualifications, restrictions, and expected volunteer conduct. I believe that I can perform the essential functions of this volunteer position and also understand that during the first 90 days, I am in an introductory status. I will keep this service description for future reference and observe the rules outlined herein unless I am notified by my supervisor or other Medical Center officials of a change in policies and rules.

Signature: _____ **Date:** _____

Title: Miss ___ Mrs. ___ Ms. ___ Mr. ___ Dr. _____

Spouse's name or preferred name (for mailing purposes)

rev: 8/08