



St. Mary's Medical Center
CHW

Volunteer Application

- Adult
- College Student
- Student Volunteer

Name _____ Date _____
 Address _____ Apt# _____
 City _____ Zip _____ Social Security # _____
 Telephone _____ E-mail address _____ Birth Date _____
 (month) (day)

EDUCATIONAL BACKGROUND, if applicable:
 High School _____ Post high school training _____
 College Major _____ Degree _____
 Career plans _____ Graduate field _____ Degree _____

EXPERIENCE

Current Employment _____
 Address _____ Phone _____
 Past Employment _____
 Volunteer Experience _____

HOBBIES/INTERESTS _____

How did you find out about our program? _____
 What are your expectations from volunteering? _____
 Do you prefer patient or non-patient volunteer position? _____

TIME(S) AVAILABLE TO VOLUNTEER: to be discussed during your interview

<input type="checkbox"/> Weekday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning
<input type="checkbox"/> Weekend	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday				<input type="checkbox"/> Afternoon
						<input type="checkbox"/> Evening

Have you plead guilty or been convicted of a felony crime within the last 5 years? Yes No

PLEASE GIVE TWO REFERENCES:

1. _____
 Name Address Telephone

2. _____
 Name Address Telephone

EMERGENCY NOTIFICATION:

Name _____ Relationship _____

Place of employment _____ Business Phone _____ Home Phone _____

Physician's Name _____ Phone _____

YOUR OBLIGATION AS A VOLUNTEER:

1. Complete and submit application
2. Attend new volunteer orientation
3. Interview with Volunteer Services Staff
4. Complete required training for your service area
5. Have a TB Skin Test
6. Place deposit on uniform
7. I understand I am donating my time

Signature of Applicant

Date

PARENTAL CONSENT, required if a student volunteer:

_____ has my permission to become a St. Mary's Medical Center student volunteer. I will support his/her effort to honor the commitment made and encourage them to serve the medical center in a manner that will be beneficial to the student and St. Mary's Medical Center.

Parent/Guardian Signature

Date

VOLUNTEER OFFICE TO COMPLETE THIS SECTION

Application received _____	Service Area _____	Department Notified <input type="checkbox"/>
Orientation letter _____	Day _____	HIPAA Acknowledgement <input type="checkbox"/>
Orientation date _____	Time _____	Integrity Program Acknowledgement <input type="checkbox"/>
Interview date _____		Orientation Checklist <input type="checkbox"/>
		Volunteer Assignment <input type="checkbox"/>
		Name Badge <input type="checkbox"/>
		Parking <input type="checkbox"/>
		TB Test <input type="checkbox"/> Cleared <input type="checkbox"/>
		Uniform <input type="checkbox"/> Uniform Deposit <input type="checkbox"/>