



**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                  | 5. Have a TB Skin Test  |
| 2. Attend new volunteer orientation                 | 6. Place deposit on uniform   |
| 3. Interview with Volunteer Services Staff          | 7. I understand I am donating my time   |
| 4. Complete required training for your service area | 8. Adults (Background check); Minors (Submit two letters of recommendation from a non-related source. |

\_\_\_\_\_  
 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 \_\_\_\_\_

**Students under 18 years of age are required to submit two letters of recommendation from a non-related source (teacher, counselor, coach or pastor). Please submit with your application.**

**VOLUNTEER OFFICE TO COMPLETE THIS SECTION**

- |  |  |  |
|--|--|--|
| Application received <input type="checkbox"/>    | Department Notified <input type="checkbox"/> _____     | HIPAA Acknowledgement <input type="checkbox"/>             |
| Orientation letter sent <input type="checkbox"/> | Volunteer Assignment <input type="checkbox"/>          | Integrity Program Acknowledgement <input type="checkbox"/> |
| Orientation date _____                           | Name Badge <input type="checkbox"/>                    | National Patient Safety Goals <input type="checkbox"/>     |
| Interview date _____                             | Parking Pass <input type="checkbox"/>                  | Orientation Checklist <input type="checkbox"/>             |
| Service Area _____                               | TB Test <input type="checkbox"/>                       | Cleared <input type="checkbox"/>                           |
| Day _____  | Uniform <input type="checkbox"/>                       | Uniform Deposit <input type="checkbox"/>                   |
| Time _____                                       | <b>OVER 18</b> _____                                   |  |
|  | Background Check <input type="checkbox"/>              | Cleared <input type="checkbox"/>                           |
|  | <b>UNDER 18</b> _____                                  |  |
|  | Two Letters of Recommendation <input type="checkbox"/> | Cleared <input type="checkbox"/>                           |
|  | Rotary Card <input type="checkbox"/>                   | Database <input type="checkbox"/>                          |