



Mercy Hospital
 Volunteer Services
 615 South New Ballas
 St. Louis, MO 63141
 (314) 251-6180

Teens Learning in the Community

Mercy TLC Volunteer Program

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth date: _____ Email: _____

GPA: _____ Social Security Number: _____

School: _____ Grade / Year: _____ Year you plan to graduate: _____

Emergency Contact

In case of an emergency, notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Who is your family physician? _____

Address: _____ Phone: _____

Volunteer Information

How did you hear about the TLC Volunteer Program? _____

If referred to the program, name of individual who referred you: _____

Do you need to report these hours to anyone? _____ If so, who & why? _____

Please list any activities that may interfere with volunteering: _____

Why do you want to volunteer? _____

Have you had any previous volunteer experience? _____

What, if any, experience have you had with a hospitalized person? _____

Are you currently employed? _____ If so, where do you work and what is your job? _____

Volunteer Statement

I wish to donate my service to Mercy Hospital St. Louis in the Teen Learning in the Community Volunteer Program. I understand that there is no payment for my services. I am aware that my volunteer experience will not always involve direct patient contact. I agree to abide by the rules, regulations, and policies of Mercy Hospital and I will work under the direction of Volunteer Services Staff and other hospital staff, as directed. I also understand that I must maintain confidentiality regarding patient and family information. I further understand that if I do not abide by the rules, regulations, and policies, or break confidentiality, it may result in my termination from the TLC Volunteer Program.

Volunteer Signature: _____ Date: _____

I have read and understand the above information and hereby give consent for my son / daughter to participate in the TLC Volunteer Program at Mercy Hospital St. Louis.

Parent / Guardian Signature: _____ Date: _____

Please complete this application and submit by the **April 1, 2012 deadline** to:
Mercy Hospital St. Louis
Volunteer Services
615 South New Ballas
St. Louis, MO 63141

The application can be faxed to (314) 251-7493 or emailed to Lauren.Lee@mercy.net