



# Volunteer Services Application

Office Use Only

Please Print

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
How would you like your name badge printed?

\_\_\_\_\_  
Address (Number and Street)

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

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Are you a student of:  High School  
 College

\_\_\_\_\_  
Name of School or College: \_\_\_\_\_

\_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_

Work Status:  Employed  Retired  Unemployed

\_\_\_\_\_  
Current and/or Last Place of Employment: \_\_\_\_\_

\_\_\_\_\_  
Position: \_\_\_\_\_

## IN AN EMERGENCY, PLEASE NOTIFY

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Relationship to you: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Home Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Physician: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

*As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.*

**Volunteer Availability - Please check all that apply:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 - noon							
12 - 4 pm							

Comments: \_\_\_\_\_

**Information for Service Area Placement:**

- Are you able to push a wheelchair?  Yes  No
- Are able to be on your feet for four hours?  Yes  No
- Are you able to make a weekly commitment?  Yes  No

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to, a felony or misdemeanor?  
 NOTE: Conviction of a crime is not necessarily grounds for disqualification.

No  Yes Explain: \_\_\_\_\_

**Service Area Opportunities (check all areas of interest). Availability varies.**

- |   |   |
|---|---|
| <input type="checkbox"/> Admitting*             | <input type="checkbox"/> Nursing Units          |
| <input type="checkbox"/> Clerical               | <input type="checkbox"/> Nutrition Services     |
| <input type="checkbox"/> Emergency Department*  | <input type="checkbox"/> Pastoral Care          |
| <input type="checkbox"/> Gift Shop              | <input type="checkbox"/> Patient Representative |
| <input type="checkbox"/> Lobby/Information Desk | <input type="checkbox"/> Patient Transport      |
| <input type="checkbox"/> Mail                   | <input type="checkbox"/> Physical Therapy       |
| <input type="checkbox"/> Maintenance            | <input type="checkbox"/> Recovery               |
|   | <input type="checkbox"/> Shuttle                |
|   | <input type="checkbox"/> Waiting Rooms          |
- \* Must be able to push wheelchairs

**Work Experience (please check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Crafts        | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Filing        | <input type="checkbox"/> Public Speaking  |
| <input type="checkbox"/> Bookkeeping    | <input type="checkbox"/> Marketing     | <input type="checkbox"/> Sewing           |
| <input type="checkbox"/> Carpentry      | <input type="checkbox"/> Mechanical    | <input type="checkbox"/> Teaching         |
| <input type="checkbox"/> Cashiering     | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Typing           |
| <input type="checkbox"/> Computer Work  | <input type="checkbox"/> Nursing       | <input type="checkbox"/> Other: _____     |
|   | <input type="checkbox"/> Organizing    |   |

Can you write or speak a foreign language?  Yes  No

Bosnian  Spanish  Other \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

Past volunteer experience: \_\_\_\_\_

Interests, hobbies or special skills: \_\_\_\_\_

As a volunteer I . . .

- will complete the entire volunteer candidate application process independently.
- will complete the required tuberculosis (PPD) screening, and be vaccinated against influenza and any other health screenings determined to be necessary before beginning volunteer program.
- will communicate directly with Volunteer Services.
- am physically and mentally capable of handling emergent situations.
- agree to attend the volunteer orientation and training until I am competent to perform the required duties.
- agree to comply with all the rules and regulations of Mercy Hospital South.
- understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
- will participate in and attend ongoing training/retraining.
- will comply with the dress code policy.

Completion of an application, attendance at an orientation or personal interview does not guarantee acceptance into the Mercy Hospital South volunteer program. Mercy Hospital South Volunteer Services does not participate in court ordered volunteer/community service or partner with social service agencies. Mercy Hospital South Volunteer Services Program is not to be used as a means to acquire employment at Mercy Hospital South. 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.

Confidentiality: Mercy Hospital South believes that all medical, financial and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore volunteers may look at, use or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of Mercy Hospital South.

Signature

Date

Parental Permission required if applicant is under the age of 18.

My son/daughter \_\_\_\_\_ has permission to serve as a student volunteer at Mercy Hospital South.

I am also aware that volunteers are expected to report for their scheduled service promptly, to give advance notice of absence and to call their supervisor if they are unable to report because of illness.

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Parent's Signature

Date