

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"/> Pastoral Care |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Patient Representative |
| <input type="checkbox"/> Emergency Department* | <input type="checkbox"/> Patient Transport |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Heffernan Hospitality House | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Lobby / Information Desk | <input type="checkbox"/> Shuttle |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Waiting Rooms |
| <input type="checkbox"/> Menus | |

* 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 health screening before beginning volunteer program.
- will communicate directly with Volunteer Services. For example, student volunteers are responsible for all communication.
- 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 St. Anthony's Medical Center.
- 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 and attend annual and on going training / retraining.
- will comply with the dress code policy.

Completion of an application, attendance of an orientation or interview does not guarantee acceptance into St. Anthony's Medical Center Volunteer Program.

St. Anthony's Medical Center Volunteer Services does not participate in court ordered volunteer / community service or partner with social service agencies.

St. Anthony's Medical Center Volunteer Services Program is not to be used as a means to acquire employment at St. Anthony's Medical Center.

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: St. Anthony's Medical Center 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 St. Anthony's Medical Center.

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 St. Anthony's Medical Center.

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.

Parent's Signature

Date

Auxiliary Membership (optional)

The Auxiliary is an organization of St. Anthony's Medical Center that includes more than 400 men and women working together to support the Medical Center. Through fund-raising, community service projects and social events, the Auxiliary promotes the health and welfare of the community by helping to defray the cost of equipment and facilities.

Annual membership - \$20.00

Office Use Only

Service Area	Days	Hours	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes: _____

