Mercy Volunteer Services
1235 East Cherokee
Springfield, MO 65804
Phone 417-820-2041

MERCY HOSPITAL – SPRINGFIELD
VOLUNTEER APPLICATION

Name: _____ Email: _____

Phone 1: _____ Phone 2: _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Date of Birth: _____ Social Sec #: _____

If you are a student, where are you attending school?: _____

Name of your closest relative: _____

Relatives phone number: _____

In case of emergency, local contact name: _____

Relationship: _____ Phone Number: _____

Tell us about your work history: _____

_____

_____

_____

Hobbies/Interests: _____

_____

Office use only:

Appointment Date & Time: _____ Orientation Date: _____

Assignment Location: _____ Shift: _____ Day(s) _____

T-Spot /MMR / Varicella / Flu / TDap: _____ Start Date: _____

Preferred days and times: _____

Do you take any medications on a regular basis? Yes_____No_____

If yes to either questions, please explain: _____

_____

Have you ever been convicted of a felony? Yes_____No_____

Why did you select Mercy as your choice to do volunteer work?_____

_____

_____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of Day: Morning Afternoon Evening

We have a variety of positions available, all of which come together to provide our patients and their families with the MERCY experience we strive to achieve, by utilizing our Core Values. Thank you in advance for your service to MERCY and giving back to our Community.

To help us find the best placement for you to use your personal Talents, Gifts and Abilities please circle your preferences below, and list any limitations, if any, on the space provided:

SOME WALKING MOSTLY STANDING MOSTLY SITTING

DIRECT PATIENT CONTACT PATIENT CARE ON FLOOR

COMPUTER EXPERIENCE NO COMPUTERS CASH HANDLING

Limitations :_____

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

If I am selected as a volunteer, I will abide by the mission statement of the health system, be conscientious in fulfilling my responsibilities, conduct myself in a professional manner, keep confidential all information, attend in-services as required, adhere to the uniform requirements, and accept instruction and supervision as needed.

The above information is true and complete to the best of my knowledge. I understand that any misrepresentation and/or omission are grounds for immediate discharge.

Signature: _____ Date: _____