



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

Teens Learning in the Community Mercy TLC Volunteer Program

****Only complete and legible applications will be considered. This includes date of birth AND social security number as well. Yes, it is needed, include it. You will not be considered without it. ****

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth date: _____

Social Security Number (**must include to obtain co-worker ID#**): _____

Email: _____

School: _____

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

Emergency Contact

In case of an emergency, notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work 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? _____

Why do you want to volunteer? _____

Have you had any previous volunteer experience? If so, please explain. _____

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 contribute 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. I understand that I must maintain confidentiality regarding patient and family information. 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. The following dates are mandatory and will be in attendance on June 4th, 6th, and 11th. There will be no volunteering the week of July 4th to observe the Independence Day holiday. Two absences will be permitted outside of the required dates and July 4th holiday week. The last day of the program will be Thursday July 25th.

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 the application, questionnaire and have a letter of recommendation submitted by the

Deadline February 14th to:

Mercy Hospital St. Louis
Volunteer & Guest Services
615 South New Ballas
St. Louis, MO 63141

The application can be emailed to Loredana.Leone@mercy.net