



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

Education Completed:    High school: 1 2 3 4    College: 1 2 3 4    Post Grad: 1 2 3

Are you currently a student?    Yes     No

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Is volunteer work a class assignment?    Yes  No

Internship required for graduation?    Yes  No

### EMPLOYMENT/WORK EXPERIENCE

Are you currently employed?    Yes     No

Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Are you job hunting?    Yes     No

Past employment history: (list most recent)

Employer:    1. \_\_\_\_\_    2. \_\_\_\_\_

Position held:    \_\_\_\_\_

Dates employed:    \_\_\_\_\_

Reason for leaving:    \_\_\_\_\_

### PROFESSIONAL REFERENCES (please give two references we may contact other than a relative)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you related to or do you know any employee or volunteer of St. Joseph Hospital?

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

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**AVAILABILITY** (circle)

<b>Sunday</b> (Gift Shop only)	8-12	12-4	----	<b>Thursday</b>	8-12	12-4	4-8
<b>Monday</b>	8-12	12-4	4-8	<b>Friday</b>	8-12	12-4	4-8
<b>Tuesday</b>	8-12	12-4	4-8	<b>Saturday</b> (Gift Shop only)	8-12	12-4	----
<b>Wednesday</b>	8-12	12-4	4-8				

Anticipated length of Volunteer service: \_\_\_\_\_

**AREAS OF VOLUNTEER INTEREST**

- Office/Clerical       Gift Shop       Information Desk       Patient Escort
- General Float       PT/OT       Special Requests       Other \_\_\_\_\_

Special skills and interest: (office skills, arts, crafts, music, language etc.) \_\_\_\_\_

Reason you want to volunteer in the Hospital: \_\_\_\_\_

**EMERGENCY CONTACT**

In case of emergency notify: \_\_\_\_\_

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

**Agreement of Confidentiality:**

*I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a Volunteer at St. Joseph Hospital is confidential and that this confidentiality is protected by Federal Law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:**

I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel and not seek to obtain confidential information from a patient or access any information that is not necessary in carrying out my duties as a volunteer.

My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.

I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons or sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with my supervisor and if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.

I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

I shall abide by the occupational health, training and educational requirements as required by St. Joseph Hospital.

I shall uphold the philosophy, mission, code of ethics and standards of the hospital.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department Director, would make my continued service as a Volunteer contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

**VOLUNTEER SINGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VOLUNTEER PARENT SIGNATURE**  
**IF VOLUNTEER IS UNDER AGE 18** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DISCLOSURE**

**APPLICANTS: PLEASE READ AND COMPLETE THE FOLLOWING. INQUIRY AND REPORTING IS FOR EMPLOYERS PROVIDING CARE TO CHILDREN OR DEVELOPMENTALLY DISABLES PERSON(S).**

**SUMMARY: Chapter 486, Laws of 1987, is a statue which requires employers involved in the provision of services to children or developmentally disable persons, to obtain information from prospective employees or volunteers relation to past problems with child abuse or convictions for certain crimes, and also authorizes access by employers to government records of such problems.**

<b>HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES?</b>	<b>YES</b>	<b>NO</b>
Murder (Aggravated, First or Second Degree)	_____	_____
Kidnapping (First or Second Degree)	_____	_____
Assault (First, Second or Third Degree)	_____	_____
Rape (First, Second or Third Degree)	_____	_____
Statutory Rape (First, Second or Third Degree)	_____	_____
Robbery (First, Second or Third Degree)	_____	_____
Arson (First degree)	_____	_____
Burglary (First Degree)	_____	_____
Manslaughter (First or second Degree)	_____	_____
Extortion (First or Second Degree)	_____	_____
Indecent Liberties	_____	_____
Incest	_____	_____
Vehicular Homicide	_____	_____
First Degree Promoting Prostitution	_____	_____
Communication with a Minor	_____	_____
Unlawful Imprisonment	_____	_____
Simple Assault	_____	_____
Sexual Exploitation of a Minor	_____	_____
Criminal Mistreatment (First or Second Degree)	_____	_____

Comments:

**UNDER PENALTY OF PERJURY**, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharge for any misrepresentation or omission in the above statement. I also understand that if I am hired, my volunteer employment is conditioned on the background check done by the hospital.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## REQUIREMENTS FOR TEEN VOLUNTEERS

**Age:** Volunteers must be at least 16 years of age to apply.

**Application:** All prospective volunteers must fill out an application form. The number of applicants usually exceeds the number of available openings, thus filling out an application does not assure placement. Choice of applicants is determined on the basis of personal qualifications and traits judged by the Director of Volunteers and/or Volunteer Coordinator to be suitable for the best interest of the hospital

**Interview:** Applicants should call to schedule a personal interview with the Director of Volunteers. Parents are welcome to attend the interview in order to gain an understanding of the commitment expected from their teen.

**Health:** Volunteers are expected to be in good physical and mental health.

**Willingness:** Volunteers should have a genuine sense of responsibility to the hospital and to assigned tasks. Volunteers must be accepting of the rules and respectful towards staff and other volunteers.

**Dependability:** Volunteers are expected to be faithful in attendance, advising the Director of a planned absence in advance and always notifying the Volunteer Office of an emergency absence as soon as possible.

*I understand that the first two months of my experience as a Teen Volunteer will be mutually probationary. I have read the above requirements, understand them and wish to apply to be a Teen Volunteer.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have read the above information and give permission for the applicant to become a Teen Volunteer.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## St. Joseph Hospital Volunteer Application

Thank you for applying to be a Volunteer at St. Joseph Hospital.

Hospital volunteers have many options at Main and South Campus as well as the Center for Senior Health, Community Cancer Center, Lifeline, and the SJH Medical Groups. Volunteers provide administrative assistance, information desk management, patient transport, food tray and flower delivery, specimen transfers, guest services, and assist many departments and nursing units on a variety of ongoing tasks.

It is important to realize that as a volunteer you will be working in a professional environment. Volunteers must be professional not only in their appearance, but also in their interactions with hospital staff as well as patients and visitors. You must be at least 16 years of age to volunteer.

Enclosed you will find our application form, a confidentiality statement, a disclosure form and a teenage requirement form. Please read, sign, and return all required forms to the Information Desk at Main Campus. **Allow the Volunteer staff at least one week to review your application and then call the Volunteer office at 738-6324 to arrange for an interview. We do not call applicants.**

A health screen, background clearance, integrity module, and orientation class are required for all incoming volunteers that have been interviewed and accepted into our program. These requirements must be met before you can begin training as a volunteer. As a new member of our program, you will shadow an experienced volunteer, learning specific departmental locations, how to access secured areas and appropriate procedures and protocol. Volunteers working in specific departments will be oriented and trained by the departmental supervisor or designated staff member. We ask that you make a volunteer commitment of a minimum of 6 months to 1 year.

I look forward to meeting you and sharing the exciting opportunities we offer for Volunteers at St. Joseph Hospital.

Sincerely,

Marcia Scott, CAVS  
Director of Volunteer and Auxiliary Services  
St. Joseph Hospital  
2901 Squalicum Parkway  
Bellingham, Washington 98225