CHI St. Luke's Health
Patients Medical Center

Volunteer Application *(June 2019)*

Submit your completed application to jhartwell@stlukeshealth.org or by dropping off your application in the PMC administration office.

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Cell Phone #:_____

Email:_____

Date of Birth:_____

Emergency Contact Person

Name:_____

Phone #:_____ Relationship:_____

Have you ever been convicted of a felony? _____ Yes _____ No
If yes, give exact details of convictions, offenses, were committed, sentencing Court, date of sentence and nature of sentence on separate sheet of paper.

General Information and Availability for Work

Indicate preference in assignment: Patient _____ Non-Patient_____ Clerical _____

Why are you interested in becoming a volunteer at CHI St. Luke's Health – Patients Medical Center?

_____

_____

To the best of your knowledge will you be available to volunteer for at least one semester (3 months) of the year? _____ Yes _____ No

Will you be available to volunteer a minimum of one 4-hour shift per week?
_____ Yes _____ No

Days & Hours Preferred

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Morning (8:00 a.m. – 12:00 p.m.)
☐ Afternoon (12:00 p.m. – 4:00 p.m.)
☐ Early Evening (4:00 p.m. – 8:00 p.m.)

Previous Volunteer Experience

_____

_____

References (Please do not include relatives)
Please list the names, addresses, and phone numbers of two references below:

_____
Name Address Phone #

_____
Name Address Phone #

Hobbies, Skills, Special Interests

_____

_____

Community Affiliations

_____

Certification
After completing application, please read carefully and sign.

CHI St. Luke's Health – Patients Medical Center appreciates your interest in our hospital. A clear understanding of your background will aid us in considering you for a volunteer position.

I give my permission to CHI St. Luke's Health - Patients Medical Center to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks and personal reference checks. I understand that any

misrepresentation of facts contained in this application may be cause for my rejection or dismissal.

I agree to be photographed by the hospital.

I agree to abide by all hospital rules and regulations. I understand that if placed, my placement will be subject to the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice, and may be terminated by the hospital at any time and for any reason.

In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges and uniform.

My signature below indicates that I have read, understood, and consent to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

_____ _____

Signature Date

Volunteer Service Agreement

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously. I will conduct myself with dignity, courtesy and consideration. I will consider as **CONFIDENTIAL** all information which I may hear or see directly or indirectly concerning a patient, doctor, or any member of the staff. I will not seek information regarding a patient. I will do my best to uphold the mission and vision of CHI St. Luke's Health Patients Medical Center.

_____ _____

Signature Date

_____ _____

Signature of Volunteer Coordinator Date

OFFICAL USE ONLY:

Orientation Completed:_____