



ST. JOSEPH MEDICAL CENTER VOLUNTEER APPLICATION

Thank you for your interest in becoming a Volunteer at PeaceHealth St. Joseph Medical Center. Volunteers are vital members of our healthcare team. Their service provides valuable support to our caregivers and enhances the experience of patients on a daily basis. We place volunteers in a variety of roles that match their interests and skill set.

To be eligible to volunteer, applicants must be 17 years of age or older. All volunteers are required to make a minimum commitment of four hours per week for six months. Please carefully consider your availability and other commitments before applying to volunteer. Our program does not accommodate job shadowing, internships, or court ordered service.

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 788-6324 to arrange for an interview. We do not call applicants.**

A health screen, background clearance, 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.

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

Sincerely,

Molly Watson
Director of Volunteer and Auxiliary Services



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email 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 or graduation requirement? 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 Medical Center?

Name: _____

Relationship: _____ Department: _____

AVAILABILITY (circle)

Monday Morning Afternoon Evening

Tuesday Morning Afternoon Evening

Wednesday Morning Afternoon Evening

Thursday Morning Afternoon Evening

Friday Morning Afternoon Evening

Anticipated length of Volunteer service: _____

AREAS OF VOLUNTEER INTEREST

Office/Clerical Gift Shop Information Desk Patient Escort

General Float PT/OT East Tower Other _____

Special skills and interest (office skills, computer, 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 PeaceHealth St. Joseph Medical Center is confidential and that this confidentiality is protected by Federal Law.

Signature: _____ Date: _____

IF ACCEPTED AS A VOLUNTEER:

I UNDERSTAND THAT I AM OFFERING MY SERVICES TO PEACEHEALTH ST. JOSEPH MEDICAL CENTER IN THE ROLE OF A VOLUNTEER. I UNDERSTAND, ACKNOWLEDGE, AND AGREE TO THE FOLLOWING:

My services are donated to the hospital without contemplation of compensation/remuneration, benefits, or future employment from PeaceHealth, 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, 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 abide by the Employee Health, training, and educational requirements as required by PeaceHealth St. Joseph Medical Center.

I shall uphold the mission, core values and vision 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.

VOLUNTEER SIGNATURE _____ 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 statute which requires employers involved in the provision of services to children or developmentally disable persons, to obtain information from prospective employees or volunteers relations to past problems with child abuse or convictions for certain crimes, and also authorizes access by employers to government records of such problems.

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES?	YES	NO
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 accepted as a volunteer, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am accepted as a volunteer, my volunteer status is conditioned on the background check done by the hospital.

Volunteer Signature

Date

REQUIREMENTS FOR TEEN VOLUNTEERS

Age: Volunteers must be at least 17 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:** _____