

St. Francis Regional Medical Center Volunteer Application

Personal Information:

Name: _____ Date: _____	
First	Last
Street Address: _____ Birth Date: _____	
City: _____	State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____	
Cell Phone: _____ Email: _____	
Which way do you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	

Volunteer Interest:

Volunteer Type:	
<input type="checkbox"/> Adult	<input type="checkbox"/> Student (Age 15 – College)
School Attending: _____ Grade: _____	
Are you volunteering to fulfill volunteer service hours?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, I need _____ Community Service hours within _____ months.

Emergency Contact:

Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____

Experience:

Professional Background: _____

Special Interests: _____

Availability:

Please check your volunteer availability below:			<div style="border: 1px solid black; padding: 5px;"> <p>Schedule Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	

References:

Please provide the names and phone numbers of two personal references. Please do not list family members.	
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

Other Information:

Do you know any volunteers at St. Francis Regional Medical Center? If yes, who? _____
Have you served with us as a volunteer before? If yes, when? _____
How did you learn about St. Francis Regional Medical Center? _____

If the needs of St. Francis match the availability of the potential volunteer the following steps must be completed:

1. Application received in Volunteer Office
2. Interview with a Volunteer Staff member
3. Attend volunteer orientation
4. Completed criminal background investigation
5. Meeting with occupational health nurse for TB (Mantoux) test and review of immunization records and additional lab work or vaccination if necessary
6. Unit orientation and/or volunteer job training

You will be required to complete the following background investigation:

Verified Credentials, Inc. (VCI) investigation: This is completed by all potential volunteers to search for all criminal charges, convictions, guilty pleas, and/or pleas of nolo contendere. You will be asked to complete a form identifying the counties and states in which you have lived and worked for the past seven years.

PLEASE READ THOROUGHLY. A conviction record will not necessarily be a bar to volunteering.

Have you ever been convicted, pleaded guilty or nolo contendere to a petty misdemeanor, misdemeanor, gross misdemeanor or felony? Please be sure to disclose all convictions, pleas of guilty and pleas of nolo contendere, even if the conviction or plea has been discharged, expunged or otherwise removed from your record.

No Yes Date of conviction or plea _____ State & county of conviction _____

Signature: _____ Date: _____

For Volunteer Office use only:

- Called Applicant _____
- Scheduled interview _____
- Orientation scheduled _____
- References called _____
- CBC Clear _____
- Cleared by Occupational Health _____

Comments: _____

