

Adult Application

ST. JOSEPH HOSPITAL VOLUNTEER SERVICES DEPARTMENT Application for Adult Volunteer Service

(Applicants over 18 years of age)

You must be willing to have a yearly FLU shot to be an active Volunteer

Please Print Clearly:

Email Address _____

Cell Phone _____

Mr. Mrs.

Ms. Miss. _____

Address _____ Last _____ City _____ First _____ State _____ Middle _____ Zip _____

Email _____

Telephone(Home) _____ (Work) _____ Birth Date _____
(only if we can call you at work) (Month/day)

Contact in Case of
Emergency _____ Relationship _____

Home Phone _____ Work Phone _____

If presently employed, name of
employer: _____

Position _____ Work Hours & Days _____

If retired:

Former Employer _____ Position _____

Completed Education/Special Training

Limitations Related to Health (Back Pain, Standing & Sitting Limitations)

Previous volunteer experience

How did you become interested in our volunteer program?

If referred, name of person whom referred you.

Why do you want to volunteer at St. Joseph
Hospital? _____

Indicate hobbies/special interests: _____

Hours and days available to volunteer: We will do our best to match your desired schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please give any other information you feel would be pertinent to your application: _____

(Not a relative, 21 year or over, known you for more than a year)

Personal References

1. _____
Name Address Telephone

2. _____
Name Address Telephone

Criminal Background Check will be run on all adult applicants – This is a \$25.00 fee to the potential volunteer, SJH Volunteer Services will pay the balance of the background check.

Have you ever been convicted of a felony/misdemeanor? _____ If yes, please explain

Are there any work conditions or activities you wish to avoid?

Help us to assign you by checking off areas of interest and qualities that best describe you. (This is no time to be humble!!)

Clerical Responsibilities:

- _____ Phone reception
- _____ Mailings (collating/stuffing/labels)
- _____ Maintain statistical records/assist with billing/bookkeeping
- _____ Filing
- _____ Photocopying/Faxing

Computer: _____ Data entry _____ Word processing _____ Excel
_____ Other: (Be specific) _____

Patient Related Responsibilities:

- _____ Assist with activities
- _____ Transport
- _____ Make deliveries to rooms
- _____ Greet visitors/patients
- _____ Fold linens/make beds
- _____ Inventory/stock supplies/shelves
- _____ Provide courier services (run errands/specimens, etc. for staff)
- _____ Other: (Be specific) _____
- _____ Provide one to one companionship
- _____ Provide escort services (Patients)
- _____ Schedule patients/prepare charts

Specific Areas of Interest:

- Physical/Occupational Therapy Food & Nutrition
- Hospice Front Desk – Escort/Meet and Greet
- Environmental Services Patient Floors
- Stock Room Working with seniors
- Medical Staff Affairs (clerical) Quality Management (Clerical)

Personal Qualities/Skills:

- Interpersonal Skills Organizational Skills
- Detailed oriented Telephone skills
- Customer service oriented Self- motivated
- Ability to work with minimal supervision
- Speak a language other than English (Which one(s)) _____
- Crafts
- Other (Be specific) _____

I prefer: Quiet environment or Active environment
 Working with people or Working with paper/machines etc.

Other:

- I would like to learn how to give tours of the hospital to groups of children
- I would be willing to be called for short-term clerical assignments

Off-site Locations:

- Milford Medical Center – Rehab Day Away – Milette Manor
- Home Visitations
- Rehab on Amherst Street

Additional Skills/Comments

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

For Office Use Only

Date Received: _____ Interview Date and Time _____

TB Tests: _____ Orientation: _____

Assignment: