



**OSF**<sup>®</sup>

**VOLUNTEER APPLICATION**

**ST. JOSEPH MEDICAL CENTER**

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

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

Last

First

Middle

**Address:** \_\_\_\_\_

Street

Apt #

City

Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you able to provide a 6 month commitment?**      Yes      No

(A 6 month consecutive commitment is required of all hospital volunteers.)

**Place of Employment:** \_\_\_\_\_

**Current Title:** \_\_\_\_\_

**What are your responsibilities?** \_\_\_\_\_

**Does your place of employment offer monetary compensation to volunteer organizations? (i.e. State Farm Good Neighbor Grants?)**    Yes    No

**Retired From:** \_\_\_\_\_

**Retired Title:** \_\_\_\_\_

**What were your responsibilities?** \_\_\_\_\_

**Educational Background:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_ **Contact's Phone:** \_\_\_\_\_

**Past Volunteer Experience:** \_\_\_\_\_

**What did you do there?** \_\_\_\_\_

**Skills or Special Training:** \_\_\_\_\_

**Certifications:** \_\_\_\_\_

**Hobbies/Interests:** \_\_\_\_\_

**Day Preferred:** (place an X)

\_\_\_\_\_ Sun    \_\_\_\_\_ Mon    \_\_\_\_\_ Tues    \_\_\_\_\_ Wed    \_\_\_\_\_ Thurs    \_\_\_\_\_ Fri    \_\_\_\_\_ Sat

**Shift Preferred:** (circle)

**Week Days:** Morning 8-12pm                      Afternoon 12-4pm                      Evening 4-7pm

**Weekends:** Morning 9-1pm                      Afternoon 1-5pm

**Volunteer Areas:** (Please check all that are of interest)

- |  |  |
|--|--|
| _____ <b>Prenatal Clinic</b> (bi-lingual required)       | _____ <b>Patient Escort/Flower &amp; Mail Delivery</b> |
| _____ <b>Patient Accounts</b> (Clerical)                 | _____ <b>Patient Advocate</b> (Social Services)        |
| _____ <b>Reception Desk at Ft. Jesse Building</b>        | _____ <b>Hospital Lobby Reception Desk</b>             |
| _____ <b>Eastland Medical Plaza 1 Reception</b>          | _____ <b>Beauty Cart</b> (Thursdays only)              |
| _____ <b>Coordinator, Surgical Family Lounge</b>         | _____ <b>Gift Shop Cashier</b>                         |
| _____ <b>Special Projects &amp; Mailings</b> (as needed) | _____ <b>Patient Companion</b> (on-call)               |
| _____ <b>Emergency Department</b> (evenings only)        | _____ <b>Crafts</b> (2 <sup>nd</sup> Fridays only)     |
| _____ <b>Karing Partners</b> (Pet Therapy-must have dog) | _____ <b>Weekend Patient Escort/Reception</b>          |
| _____ <b>Computer Support</b>                            | _____ <b>Engineering / Room Readiness</b>              |

*\*The Medical Center may have other volunteer opportunities depending on your skills and interests. If there is another area of interest that you have, please notify us here:*

**Personal Reference:** (Someone who knows your work habits and is not a relative.)

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

**Address:** \_\_\_\_\_

Street

Apt #

City

Zip

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you ever pled guilty to or been convicted of any criminal offense?**                      Yes                      No

**If "yes" please explain:** \_\_\_\_\_

**How did you find out about the volunteer program at OSF St. Joseph Medical Center?**

OSF's website

VolunteerMatch.com

United Way

Other: \_\_\_\_\_

**Briefly state your reason for wanting to volunteer:** \_\_\_\_\_

***Believing that the hospital has a real need of my services as a volunteer:***

*I will uphold the mission and values of OSF St. Joseph Medical Center by serving with the greatest care and love in a community that celebrates the gift of life.*

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