

Mercy Medical Center

Today's Date: \_\_\_\_\_

# VOLUNTEER SERVICES VOLUNTEER APPLICATION

LAST NAME		FIRST NAME		NICKNAME	HOME PHONE
ADDRESS				WORK PHONE	
CITY, STATE, ZIP				CELL PHONE	
BIRTHDATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		E-MAIL ADDRESS	
CONTACT IN CASE OF EMERGENCY: LAST NAME			FIRST NAME		
RELATIONSHIP		HOME PHONE		CELL PHONE	
		WORK PHONE			
DAY AND TIME PREFERENCE TO VOLUNTEER. <b>PLEASE CHECK ONE.</b> <input type="checkbox"/> Weekdays Mon. - Fri. <input type="checkbox"/> Evenings Mon. - Fri. after 3 p.m. <input type="checkbox"/> Weekends					
HAVE YOU EVER VOLUNTEERED FOR THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER VOLUNTEER EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE:		HOW LONG:	
SKILLS OR QUALITIES YOU HAVE THAT YOU FEEL WOULD BENEFIT THE HOSPITAL?					
ANY LIMITATIONS RELATED TO HEALTH? ( <b>VOLUNTEERS MUST BE ABLE TO PERFORM DUTIES INDEPENDENTLY</b> )					
IF YES, ARE THERE ANY REASONABLE ACCOMMODATIONS THAT CAN BE MADE?					
NAME OF SCHOOL		IS THIS A SCHOOL REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY HOURS REQUIRED?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					
SIGNATURE				DATE	

*By signing this volunteer application, I agree and acknowledge that (1) my volunteer services are donated to Mercy Medical Center without contemplation of compensation or future employment and are given purely for charitable reasons, (2) to be considered for a volunteer placement, I must commit to a minimum of one year and 100 hours of service, (3) I am consenting to a background check/fingerprinting and all other health assessment or screening activities required by applicable law or Mercy Medical Center policies, (4) Mercy Medical Center is not obligated to provide a volunteer placement, nor am I obligated to accept any volunteer placement that is offered, and (5) opportunities for volunteers are provided without regard to race, color, genetic information, religion, sex, sexual orientation, gender identity or expression, age, ancestry, national origin, veteran status, military status, pregnancy, disability, marital status, or familial status.*

*Furthermore, I release Mercy Medical Center from any claim or liability or any injury or illness arising from my participation in any volunteer activities, and understand that Mercy Medical Center is not responsible for any related charges from any physician or hospital, including Mercy Medical Center. Lastly, I agree and understand that the only way to receive paid employment is to apply through the Human Resources office. We welcome your interest!*

## FOR OFFICE USE ONLY:

RECEIVED DATE: \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_

ENTERED DATE: \_\_\_\_\_

ORIENTATION DATE: \_\_\_\_\_

ACKNOWLEDGED: \_\_\_\_\_

I.D. BADGE: \_\_\_\_\_

BACKGROUND CHECK: \_\_\_\_\_

DAY     EVENING     WEEKEND

INTERVIEW CALL: \_\_\_\_\_

REMINDER CARD: \_\_\_\_\_