



VOLUNTEER APPLICATION

(ADULTS 18 AND OLDER)

COMPLETE AND EMAIL THIS SECTION TO: **KEVIN.CROUTIER@CHSLI.ORG** in the Volunteer Services Department.

DO NOT SEND ANY MEDICAL RECORDS TO THE VOLUNTEER SERVICES DEPARTMENT. SEE INSTRUCTIONS CONTAINED IN SECTION II (MEDICAL REQUIREMENTS) FOR INFORMATION ABOUT MEDICAL RECORD SUBMISSION.

SECTION I. ADMINISTRATIVE REQUIREMENTS

DATE: _____

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Cell)

Email: _____

EMERGENCY CONTACT:

Name: _____ Contact #: _____

VOLUNTEER ASSIGNMENTS . Volunteer placements will be made by the Director of Volunteers based upon Volunteer’s skills/interests and the Medical Center’s needs. Assignments are available on a “first come-first served” basis. Please indicate your primary area(s) of interest:

_____ FRONT DESK (PATIENT INFORMATION)

_____ EMERGENCY DEPARTMENT

_____ GIFT SHOP

_____ PHYSICAL THERAPY

_____ OFFICE/CLERICAL WORK

_____ OTHER (discuss w/Volunteer Manager)

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Weekends/Holidays

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Saturday			
Sunday			
Holidays			

You will not be obligated to work any schedule. This information just give us a general idea of your availability.

PREVIOUS/OTHER VOLUNTEER OR WORK EXPERIENCE / SKILLS & INTERESTS / REFERENCES

I. Previous Volunteer Experience:

Organization: _____
City/State: _____
Dates: _____
General Duties: _____

II. Employment (current/previous):

Type Industry: _____
Dates: _____
Duties: _____

III. Special Skills, Languages, or interests:

IV. Please include the names of TWO (2) REFERENCES WE MAY CONTACT (personal or professional):

1. Name: _____
Relationship: _____
Phone or Email: _____

2. Name: _____
Relationship: _____
Phone or Email: _____

TO BE COMPLETED BY MMC PERSONNEL

Ref.	Name	Comments	Checked by/Date
1			
2			

Statement of Understanding

I have requested to be a volunteer participant at Mercy Medical Center, Inc. ("MMC"). I understand that my services as a volunteer participant are important to Mercy Medical Center and agree to adhere to all rules and regulations of MMC that I will be informed about during my future orientation (including, but not limited to HIPAA and Infection Control).

I understand that my services will be that of a volunteer and not as an employee of MMC. My services are given without contemplation of future employment, and are given for humanitarian, religious, or charitable reasons.

Printed Name: _____

Signature: _____ Date: _____