



Adult Volunteer Application

Personal Information

Title: Dr. Ms Miss Mr. Mrs.

First Name: _____ Last Name: _____

Telephone: _____ Fax: _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ + _____

Date of Birth: _____

How did you hear about Christian Hospital? _____

Are there any conditions or activities that you must avoid? No Yes (Please explain.) _____

Have you been convicted of or plead guilty to a crime, excluding misdemeanors and summary offenses?
 No Yes (Please explain.) _____

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Emergency Telephone: _____ Evening Emergency Telephone: _____

Education Completed

High School GED Some College College/University Graduate School Other

Are you currently enrolled in school? No Yes Name of School: _____

Extra-Curricular Activities: _____

Career Interests: _____

Employment Information

Have you ever been employed by BJC Healthcare? No Yes (Specify BJC employment information.)

Job Title: _____ Supervisor: _____ Dates Employed: _____

Previous Employer #1

Company Name: _____

Job Title: _____

Duties: _____

Supervisor's Name: _____

Dates Employed: _____

Previous Employer #2

Company Name: _____

Job Title: _____

Duties: _____

Supervisor's Name: _____

Dates Employed: _____

Volunteer Service Information

Is volunteer service required for your school or community group? No Yes

Specify Project Type: Practicum Internship Community Service Other _____



Service Project Start Date: _____ End Date: _____ Total Hours Required: _____

Project Supervisor: _____ Supervisor's Daytime Telephone: _____

(Insert NEW Christian Hospital BJC logo)

Prior Volunteer Experience

Organization #1

Organization # 2

Name: _____

Name: _____

Type of Service: _____

Type of Service: _____

Supervisor's Name: _____

Supervisor's Name: _____

Dates of Service: _____

Dates of Service: _____

Availability (Please check all that apply.)

All Year

Summer

Part of Year: _____

Monday	8 a.m.-noon	noon-4 p.m.	4 p.m.-7 p.m.
Tuesday	8 a.m.-noon	noon-4 p.m.	4 p.m.-7 p.m.
Wednesday	8 a.m.-noon	noon-4 p.m.	4 p.m.-7 p.m.
Thursday	8 a.m.-noon	noon-4 p.m.	4 p.m.-7 p.m.
Friday	8 a.m.-noon	noon-4 p.m.	4 p.m.-7 p.m.
Saturday	8 a.m.-noon	noon-3 p.m.	
Sunday	8 a.m.-noon	noon-3 p.m.	

Volunteer Skills and Interests

Clerical

- Answering Phones
- Filing/Alphabetizing
- Operating Cash Register
- Operating Computer
- Operating Copy Machine
- Typing
- Updating Records
- Other Clerical _____

Patient Care

- Caring for Infants/Children
- Delivering Mail/Packages
- Escorting and Transporting Patients
- Greeting Patients and Visitors
- Staffing Information Desk
- Staffing Resale/Consignment Shop
- Transporting Medications
- Visiting Patients

References (No relatives, please)

Reference #1

Telephone: _____

Name: _____

E-Mail: _____

Title: _____

Address: _____

Organization: _____

City: _____



State: _____ ZIP: _____

Telephone: _____

Reference #2

E-Mail: _____

Name: _____

Address: _____

Title: _____

City: _____

Organization: _____

State: _____ ZIP: _____

(Insert NEW Christian Hospital BJC logo)

Department Policies

The Volunteer Coordinator has the right to dismiss a volunteer at any time for any reason, including inappropriate behavior, failure to follow Christian Hospital polices and procedures, unreasonable conflict with patients, staff, visitors, co-workers, and poor attendance.

Applications are processed in the order in which they are received. The processing time once we receive your application depends on the length of the waiting list. Once we process your application, we will contact you to arrange an appointment for a personal interview. Within one week of your interview you will be notified if you have been accepted as a volunteer.

Volunteer opportunities are provided without regard to religion, creed, race, national origin, age or sex.

Volunteer Privacy Information and Release

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from consideration for volunteer service and may result in my dismissal if discovered at a later date.

I understand that Christian Hospital requires certain information both personal and professional from me to evaluate my qualifications and consider me for volunteer service. I understand that in consideration of my application, a background investigation may be conducted. I authorize and release all past and present employers, personal references and any other organizations to answer all questions asked concerning my previous employment and/or volunteer record, ability, character, educational background, military service, and criminal history.

In consideration of my application for volunteer service, I authorize Christian Hospital and all associated entities to conduct such an investigation and release all before mentioned companies from any liability or responsibility for this investigation, which may include, but is not limited to, the performance of medical examinations, drug screening, reference verification, military service and criminal background check which may be in the files of any state or local criminal justice agency. I understand that any information requested is for the sole purpose of gathering information accurately for use in the above mentioned employment and background investigation.

I have read and understand the above, and, by submitting this application, consent to these statements.

Signature

Date

Mail to Christian Hospital
Attn: Volunteer Department
11133 Dunn Road
St. Louis, Missouri 63136 USA