



## Junior 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  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**

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

Type of Service: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**Organization # 2**

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

Type of Service: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**Availability (Please check all that apply.)**

All Year     Summer     Part of Year: \_\_\_\_\_

- Monday     4 p.m.-7 p.m.
- Tuesday     4 p.m.-7 p.m.
- Wednesday     4 p.m.-7 p.m.
- Thursday     4 p.m.-7 p.m.
- Friday     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

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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.

**Code of Conduct**

Because Christian Hospital employees, patients and visitors will be relying on me, as a volunteer I will:

- Be punctual and conscientious in the fulfillment of my duties and accept supervision graciously
- Conduct myself with dignity, courtesy and consideration
- Consider as confidential all information which I may hear, directly or indirectly, concerning a patient, doctor or any member of personnel, and will not seek information in regard to a patient
- Take my problems, criticisms or suggestions to the Volunteer Coordinator
- Endeavor to make my work of the highest quality
- Uphold the standards of this organization
- I agree to abide by all rules and regulations which govern both volunteers and employees

**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.

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Signature

Date

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