

Volunteer *Application Form*

Please print clearly

Volunteer Name: _____

Volunteer ID #: _____

I am interested in volunteering at (check all that apply):

- HSHS St. Vincent Hospital HSHS St. Mary's Hospital Medical Center
 HSHS St. Nicholas Hospital HSHS St. Clare Memorial Hospital

Name (Last, First, Middle): _____

Home Address: _____

City/State/Zip Code: _____

Preferred Phone: _____ Home Cell Work

Date of Birth: _____

E-mail Address: _____

Preferred communication method from Volunteer Services: Phone Text Email Traditional mail

Previous Work and Volunteer Experience

- 1) _____
2) _____
3) _____

Education or special training/professional license: _____

Special skills or interests you would like to share: _____

Have you volunteered at or been employed by our hospital system before? Yes No

If yes, what position and location? _____ Dates _____

Have you ever been convicted of a crime? Yes No

If yes, describe in detail including date and place of conviction: _____

Preferred or most available times to volunteer (check all that apply):

- Early morning Midday Afternoon Evenings

Preferred or most available days of the week to volunteer (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How frequently do you prefer to volunteer?

- Weekly Monthly As needed Only during these months _____

What types of volunteer roles do you prefer (check all that apply):

- Greeting/information sharing Fundraising Spiritual needs/Eucharist minister
 Clerical/organizing tasks Service to patients Knitting/sewing/building
 Special projects Retail/sales/gift shop Escorting visitors/patients
 Group leadership Other: _____

What hospital areas or departments do you prefer to volunteer in? _____



Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Did someone refer you to Volunteer Services? Yes No

If yes, who? _____

Please list two references we can contact:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Please Read and Sign Below

If you have questions, please contact Volunteer Services Staff before signing the application. Your signature verifies you have read, understand and agree to abide by these statements:

- I agree to live the hospital's mission and values while volunteering and accept the Code of Ethics and Corporate Compliance Standard.
- I understand that I will be required to satisfactorily complete a tuberculosis test, varicella, rubella/rubeola mumps titer (if needed) and criminal background check (if 18 or older) as a condition of volunteer placement. I also understand the hospital has a no-smoking and drug-free policy, and I agree to comply with this requirement. I also agree to receive a flu shot, courtesy of the hospital, if volunteering during the flu season.
- I hereby affirm that all information contained in this application (and resume, if submitted) is accurate and complete.
- I hereby authorize the Hospital to investigate all statements contained in this application (and resume, if submitted), and to contact my former employers, volunteer supervisors, and listed references or any other persons who can provide information relative to my volunteer consideration.
- I agree to participate in an interview and complete all education and training requirements.

Signature of Applicant or Guardian if a minor

Date

Return to:

HSHS St. Vincent/St. Mary's Hospital Medical Center
Volunteer Services
PO Box 13508
Green Bay, Wisconsin 54307-3508

HSHS St. Nicholas Hospital
Volunteer Services
3100 Superior Avenue
Sheboygan, WI 53081

HSHS St. Clare Memorial Hospital
Volunteer Services
855 Main Street
Oconto Falls, Wisconsin 54154

