

# 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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