

**VOLUNTEER SERVICES **

**Application to Volunteer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\*All fields must be completed or application will not be processed. Please put “NA” in fields that are not applicable to you.

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| **Type of Volunteer** | |
| ***Type*** | ***Assignment Preference*** |
| □ Adult  □ High School Student  □ College Student | □ Auxillary  □ Hospice  □ St. Luke’s Hospital  □ Wheelchair Ramp Assistance Program (WRAP)  □ Workplace Learning Connection (WLC) |

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| **Identifying Information** | | | | | | | |
| **Legal Last Name:** | | **Legal First Name:** | | | | | |
| **Middle Name:** | | **Preferred Name:** | | | | | |
| **Home Address:** | | | | | | | |
| **City:** | | **State:** | | | | **Zip:** | |
| **Home Phone:** | | | **Cell Phone:** | | | | |
| **Work Phone:** | | | **E-Mail:** | | | | |
| **Preferred Method of Communication:** | | | | | | | |
| **Gender:** | **Marital Status:** | | | | **Birthdate:** | | |
| **SSN:** | **Ethnicity:** | | | | | | |
| **Armed Forces (Active):** □Air Force □Army □Coast Guard □Marines □Navy □Not Applicable | | | | | | | |
| **Veteran:** □Air Force □Army □Coast Guard □Marines □Navy □Not Applicable | | | | | | | |
| **Employment Status**: □ Employed □ Retired □ Unemployed | | | | | | | |
| **How did you learn about volunteering at St. Luke’s?** | | | | | | | |
| □ Current Volunteer: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ St. Luke’s Associate: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­  □ St. Luke’s Website/Internet Search  □ Bereavement Program Evaluation | | | | □ School  □ Brochure  □ Social Media  □ Workplace Learning Connection | | | |
| **What do you hope to gain from volunteering at St. Luke’s?** | | | | | | | |
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| **Previous Volunteer Experience (1)** | | | | | |
| Name of Agency: | | | | | |
| Duties/Responsibilities: | | | | | |
| Dates of Volunteer Experience: | | | | | |
| **Previous Volunteer Experience (2)** | | | | | |
| Name of Agency: | | | | | |
| Duties/Responsibilities: | | | | | |
| Dates of Volunteer Experience: | | | | | |
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| **Education** | | | | | |
| ***Highest Degree Earned*** | | | | | |
| □ Associate’s Degree □ Bachelor’s Degree □ Bachelor’s Degree □ Doctoral Degree | | | | | |
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| ***High School Information*** | | | | | |
| Name of High School: | | | Graduation Date: | | |
| Extracurricular Activities: | | | |  | |
|  | | | |  | |
| Are you volunteering to complete a class or extracurricular requirement? | | | | | |
|  | | | |  | |
| ***College Information*** | | | | | |
| Name of College: | | | | Graduation Date: | |
| Major: |  | | | | |
| Extracurricular Activities: |  | | |  | |
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| Are you volunteering to complete a class or extracurricular requirement? | | | | | |
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| ***Graduate School Information*** | | | | | |
| Name of College: | | | | Graduation Date: | |
| Major: | | Highest Degree Earned: | | | |
| Extracurricular Activities: |  | | |  | |
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| Are you volunteering to complete a class or extracurricular requirement? | | | | | |

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| **Employment Information (current, retired from, most recent)** | | | | | | | | | |
| Employment Status: | Employed | | Retired | | | | Unemployed | | |
| Current/Most Recent/Retired from Employer: | | | | | | | | | |
| Street Address: | | | | | | | | | |
| City: | | | | | State: | | | | Zip: |
| Position/Title: | | | | | | | | | |
| Job Duties: | | | | | | | | | |
| May we contact this employer? | | Phone Number: | | | | | | | |
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| **Emergency Contact Information** | | | | | | | | | |
| Name (1): | | | | | | Home Phone: | | | |
| Address: | | | | | | Cell Phone: | | | |
| City: | | | | State: | | | | Zip: | |
| Email: | | | | Relationship: | | | | | |
|  | | | | | |  | | | |
| Name (2): | | | | | | Home Phone: | | | |
| Address: | | | | | | Cell Phone: | | | |
| City: | | | | State: | | | | Zip: | |
| Email: | | | | Relationship: | | | | | |

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| **Availability** | | | | |
| Weekday: Time:  □ Monday AM Afternoon PM  □ Tuesday AM Afternoon PM  □ Wednesday AM Afternoon PM  □ Thursday AM Afternoon PM  □ Friday AM Afternoon PM  □ Saturday AM Afternoon PM  □ Sunday AM Afternoon PM | | My availability is:   * Depending on school activities * Only during school breaks * Ongoing, except these date \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ * Only between these dates \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ * Will change with class schedule/semesters * Will be flexible depending on assignment   I would like to serve up to \_\_\_\_ hours   * Daily * Monthly * One Time * Weekly | | |
| **Skills** | | | | |
| ***Computer*** | ***Foreign Language*** | | ***Office Work*** | |
| □ Data Entry  □ Microsoft Access  □ Microsoft Excel  □ Microsoft PowerPoint  □ Microsoft Word  □ PhotoShop  □ Publisher  □ Web Design & HTML  □ PageMaker | □ Arabic  □ Chinese  □ English  □ French  □ Sign Language  □ Spanish  □ Vietnamese  □ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ Accounting  □ Answering Phones  □ Bookkeeping  □ Data Entry  □ Filing  □ Receptionist  □ Scanning  □ Ticket Sales | |
| ***Instruments*** | ***Needlework*** | | ***Capabilities*** | |
| □ Piano  □ Guitar  □ Flute  □ Singing  □ Violin  □ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Crocheting  □ Knitting  □ Quilting  □ Sewing | | □ Able to push wheelchairs  □ Able to walk distances |
| **Interests** | | | | |
| □ Direct Patient Contact | □ No Patient Contact | | □ Direct Public Contact | |
| **Hospice Specific** | | | | |
| □ Direct Patient Contact | □ No Patient Contact | | □ Direct Public Contact | |

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| By signing below, I certify that the answers and information said above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be asked to participate in the volunteer program.  I authorize UnityPoint Health - St. Luke’s to investigate all statements contained in this application for employment to include criminal, child and dependent adult abuse information in accordance with Iowa and/or Illinois law, as well as my character and qualifications. I release St. Luke’s from all liability for actions performed in good faith and without malice in connection with evaluation of my application. I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide UnityPoint Health - St. Luke’s Hospital with all information requested and to cooperate fully with the investigation of my character and qualifications. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies, or corporations supplying such information.  I certify that throughout the selection process, including the interview, I will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer assignment.  I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position at UnityPoint Health - St. Luke's Hospital or my termination as a volunteer.  I also understand that this is an application for and not a commitment or promise of volunteer opportunity.  I understand that if I am offered a volunteer assignment, the offer is contingent upon receipt of satisfactory references and criminal/abuse/compliance background information, a physical health assessment, immunization documentation and TB testing.  I agree that at no time will any information regarding patients or operations of the hospital be revealed to anyone other than those authorized to receive it.  I understand, as a volunteer, I must conform to all the UnityPoint Health - St. Luke's Hospital rules and regulations.  I voluntarily offer my services with a clear understanding that there is no monetary compensation.  UnityPoint Health - St. Luke's Hospital seeks to provide a healthy, comfortable, and productive work and health care environment. In the event I am a volunteer of UnityPoint Health - St. Luke's Hospital, I acknowledge and agree to abide by the UnityPoint Health - St. Luke's Hospital "Tobacco-Free Environment" policy that smoking or any tobacco use is strictly prohibited anywhere on the UnityPoint Health - St. Luke’s campus.  UnityPoint Health - St. Luke’s Hospital is committed to providing equal opportunity in all areas of volunteering regardless of an individual's race, religion, age, sex, qualified disability or national origin except where these categories are a bona fide occupation qualification.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permission to Use Photograph:  I grant UnityPoint Health - St. Luke’s Hospital the right to take photographs of me in connection with volunteering at St. Luke’s Hospital. I authorize UnityPoint Health - St. Luke’s Hospitals, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.  I agree that UnityPoint Health - St. Luke’s Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read and understand the above:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |