

**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: |
|  |  |
| **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: |  |  |
|  |  |  |
| Are you volunteering to complete a class or extracurricular requirement? |
|  |
| ***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: |
|  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |