

# Volunteer Application

1000 Carondelet Drive  
Kansas City, MO 64114  
Phone: 816-943-2775

Volunteer Website: <http://www.stjosephkc.com/volunteer-services>

Today's Date: \_\_\_\_\_

**(Please print)**

Last Name	First Name	Middle Name/Initial	M/F	Birth Date
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Home Address: \_\_\_\_\_  
*Number and Street* *City* *State/Zip*

\_\_\_\_\_  
*(Area Code) Day Phone* *(Area Code) Cell Phone* *Area Code/Work Phone*

\_\_\_\_\_  
*E-Mail*

How did you learn about the SJMC Volunteer Program? *If referred by staff or volunteer, please provide name(s)*

Check all that apply:

**Availability:**  Weekdays  Evening  Weekends **Length of Service:**  2mos.  6mos.  1yr.  Ongoing  Not sure

**Schedule:**  Multiple days per week  Once per week  Twice a month  Intermittent Schedule  Not sure

**Education (Check last grade completed):**  8  9  10  11  12 College:  1  2  3  4 Graduate School:  Yes  No

Name of High School/University: \_\_\_\_\_ Degree Attained: \_\_\_\_\_

**Prior Volunteer Experience**

Organization	Type of Service	Hours/Year(s)
1. _____		
2. _____		

**Employment History (Most Recent)**

Are you retired:  Yes  No

Job	Company	Dates
1. _____		
2. _____		

Describe your most significant work experience information:

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

**References:**

Name	Relationship	Day/Work phone	Home Phone
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Name	Relationship	Day/Work phone	Home Phone
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**Check any skills you have:**

- Data entry/typing                       Bookkeeping                       Business Management                       Microsoft applications
- Music/Instrument/vocal                       Sign Language                       Graphic applications                       General Office
- Health Care Experience                       Speak other language: \_\_\_\_\_
- Other/Hobbies: \_\_\_\_\_

**We have many volunteer opportunities. Please check any areas below that are of interest to you:**

- Have patient interaction by:                       working in waiting area, answering calls, giving out water
- Pet Assisted Therapy
- providing spiritual care
- Use customer service skills, meeting and greeting patients and visitors and assisting to appropriate area
- Work in Gift Shop (clerk, stocker or buyer)                       Quiet environment – office setting
- Sewing - Knitting – Crocheting                       Book, Jewelry and Bake Sales (4-6 times a year)
- Greet and chauffer patrons to and from their car to our door in the "jitney" golf cart
- Other (explain): \_\_\_\_\_

**Emergency Contacts (please list two):**

<i>Name</i>	<i>Relation</i>	<i>Day/Work phone</i>	<i>Home Phone</i>
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<i>Name</i>	<i>Relation</i>	<i>Day/Work phone</i>	<i>Home Phone</i>
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Have you ever pled guilty, pled no contest or been convicted of any criminal offense (misdemeanor or felony) other than parking or speeding tickets?  Yes     No (If "Yes", list all instances.)

**Applicant's Statement**

1. I affirm the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the Volunteer Services program.
2. I understand this application does not guarantee a volunteer placement at St. Joseph Medical Center.
3. I understand that as a volunteer who performs hours of service, there is no promise of or expectation of any compensation for services rendered.
4. I am aware that SJMC will request authorization to perform a background check. I release Prime Healthcare as well as any schools, employers, law enforcement authorities, or other references from any liability as a result of their verification process.
5. I shall hold as absolutely confidential all information that I may obtain directly concerning patients, residents, doctors, or personnel, and not seek to obtain confidential information about a patient.
6. I shall at all times uphold the Mission and Values of St. Joseph Medical Center.

I have read and understand each of the above conditions.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*  
For selected applicants, the information below is collected below.

SSN: \_\_\_\_\_                      Shirt Size: \_\_\_\_\_

Military Service (y/n) \_\_\_\_\_                      If yes, branch: \_\_\_\_\_