



**APPLICATION FOR  
VOLUNTEER SERVICE**

(For applicants 18+ years of age)

**I. PERSONAL DATA**

**Date of Application** \_\_\_\_\_

NAME: \_\_\_\_\_  
                    First                                    Middle                                    Last

Current occupation: \_\_\_\_\_ Month & Day of your birthday \_\_\_\_/\_\_\_\_  
(so we can celebrate it!)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(print clearly)

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Working Full Time \_\_\_\_ Part time \_\_\_\_ Semi-retired \_\_\_\_\_

**Current place of employment:** \_\_\_\_\_

**II. MEDICAL/ EMERGENCY INFORMATION**

Emergency Contact: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Why do you want to volunteer at St. John's?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any physical limitations which may restrict your volunteer activities: \_\_\_\_\_  
\_\_\_\_\_

Have you been a volunteer before? \_\_\_No \_\_\_Yes If yes, please describe your current or past volunteer experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. AVAILABILITY**

a. How would you prefer to schedule your volunteer time?  
\_\_\_Flexible \_\_\_ weekdays \_\_\_ evenings \_\_\_ summer resident only  
\_\_\_ days \_\_\_ weekends \_\_\_ set weekly time slot \_\_\_ winter resident only

b. Are you available on short notice to assist with special projects? \_\_\_Yes \_\_\_No

#### IV. INTERESTS & SKILLS

In which areas are you most interested? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Primary Care Unit                | <input type="checkbox"/> Pet Partner (Delta Society) Hospital- must be certified |
| <input type="checkbox"/> Living Center Activities         | <input type="checkbox"/> Registration/ Information Desk (s)                      |
| <input type="checkbox"/> One-on-One visiting              | <input type="checkbox"/> Lay Chaplain Volunteer Program                          |
| <input type="checkbox"/> Helping in Administrative Office | <input type="checkbox"/> Oncology  |
| <input type="checkbox"/> Pet Friends Living Center        | <input type="checkbox"/> No preference, wherever the need                        |

#### CLERICAL & COMMUNICATION SKILLS

Please indicate with a checkmark which areas of hospital operations that might interest you as a volunteer.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bookkeeping                   | <input type="checkbox"/> Copying                | <input type="checkbox"/> Spanish Language Translation |
| <input type="checkbox"/> Filing                        | <input type="checkbox"/> Mailings               | <input type="checkbox"/> Graphic Arts                 |
| <input type="checkbox"/> Organizing materials          | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Printing/Calligraphy         |
| <input type="checkbox"/> Reception                     | <input type="checkbox"/> Editing/ Proofreading  |   |
| <input type="checkbox"/> Data Entry/Typing             |   |   |
| <input type="checkbox"/> Other Computer-based projects | <input type="checkbox"/> Telephoning            |   |

Other skills you can offer:

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#### V. EDUCATION

Type of School	Name of School	# of years Completed	Major and Degree
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High School			
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College			
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Business or Trade School			
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Professional School			
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#### VI. REFERENCES

Provide the names of two **employers, supervisors, teachers, or work-related colleagues** who have known you for at least one year, and whom we may call for a recommendation.

Name	Relationship	Phone #	Years acquainted

Have you been convicted of a criminal law violation in the past 5 years?  Yes  No If yes, please provide details:

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Do you have any questions or concerns about your role as a volunteer?

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**Authorization and Release Please read each statement carefully before signing.**

I authorize St. John’s Medical Center to obtain relevant information regarding my background, including, but not limited to: a check with my current and previous employers (excluding any that I have specifically excluded above), schools, licensing and certifying agencies, people and organizations named in this application and any accompanying documentation I provide, as well as a criminal background check. I expressly release from liability all individuals and organizations that provide information about my employment and background to St. John’s Medical Center.

**Acceptance for volunteer service is subject to:**

1. Satisfactory reference reports.
2. Personal interview with the Volunteer Services Department as required.
3. Willingness to take a two hour orientation prior to starting your volunteer service
4. Willingness to abide by and pass all hospital and/or Living Center requirements, tests, and regulations.
5. Willingness to commit to serving 40 hours of service over a calendar year.

I understand that St. John’s Medical Center is not obligated to provide placement, nor am I obligated to accept the position offered. To the best of my knowledge the information provided in my application is true and complete. I understand that any misrepresentations or omissions of facts shall be considered sufficient cause for dismissal.

_____	_____
Signature of Applicant	Date

Please complete and return this form when you return for your interview. To schedule an interview, please call Volunteer Services at 739-7541, or e-mail to [thayden@tetonhospital.org](mailto:thayden@tetonhospital.org)

**ST. JOHN’S MEDICAL CENTER VOLUNTEER CODE OF ETHICS**

Understanding that the hospital and living center has a real need for my services as a volunteer worker,

I will abide by the rules and regulations of St. John’s Medical Center.

I will complete the required Rubella Titer, Measles Titer, TB skin test, background screening and drug screen in a timely manner.

I will be punctual and conscientious in the fulfillment of my duties, and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider as **confidential** all information that I may hear directly, or indirectly, concerning a patient, doctor, or any member of personnel.

I will seek no information in regard to a patient.

I will take any concerns, criticisms, or suggestions to the Volunteer Services Coordinator..

I will endeavor to make my work of the highest quality.

I will uphold the standard and traditions of this hospital and will interpret them to the community at large.

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Signature

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Date