

VOLUNTEER APPLICATION

The information requested on this profile will aid us in placing you in a satisfying and appropriate volunteer position. Thank you for your cooperation in completing this form. Assignments are not made until requirements are completed.

Requirements: (Office use)		Start Date: _____ End Date: _____
Orientation: _____	Ethics Agreement: __Y__N__	
Confidentiality Statement: __Y__N__	Date PPD Completed: _____	
References Checked: __Y__N__	Photo ID Checked: __Y__N__	

Personal Data (please print)

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: (home) _____ (cell) _____ (work) _____

Email Address: _____ **Birth Date** _____ - _____ - _____

SS # _____

IN CASE OF EMERGENCY Who should be contacted?

Name: _____ Relationship: _____ Telephone: _____

Special Skills (please list any applicable skills you feel would be useful in your volunteering)

Paid Work Experience

Employer	Job Title	Dates Employed

Volunteer Work Experience

Name/Location	Job Title	Dates

Job Performance Ability

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the voluntary position for which you are applying, with or without reasonable accommodations, as set forth in the job description? **Yes**____ **NO**____ If no, explain:

Reason for volunteering

Licenses Not Applicable to hospital volunteers

Preferences

Type of volunteer position preferred: _____

AVAILABILITY	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

References

Please provide the name of three schools, church, work or personal (non-relative) to which we may contact for reference.

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (home) _____ Relationship: _____

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Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (home) _____ Relationship: _____

Please *read carefully* before signing.

My services are donated to St. Anthony Hospital without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

Personal health insurance is advised, but not required, given that medical benefits are not covered under the volunteer program.

I certify that the information set forth in this application for a Volunteer position is true and complete to the best of my knowledge. I understand that, if accepted for a Volunteer position, falsified or misleading statements on this application shall be considered sufficient cause for my dismissal.

I understand that my Volunteer position shall be contingent upon proof of identity and verification of eligibility for volunteer/employment in the United States in accordance with the Immigration Reform and control Act of 1986. I further understand that my Volunteering is contingent upon the checking of references and that further steps in the Volunteer process may include passing a drug screening and completing a health evaluation satisfactorily.

I consent to and authorize St. Anthony Human Resource Department to request any information concerning my previous employment, educational history, character, general reputation and similar background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand that all Volunteer positions are contingent upon the review of references, background checks, OIG Excluded Providers, and other relevant information. **I further understand that in accordance with ORS 443.860, SAH will conduct a criminal background check every three years.** Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for a volunteer position or cause for termination of a volunteer position.

I understand that this application is not a contract of employment. If St. Anthony Hospital accepts me for a volunteer position I agree to conform to the standards of conduct, performance and the policies of that organization.

Applicant's Signature _____ Date _____

For those under 18 years of age, the following information *must* be completed. (All volunteers must be at least 16 years of age)

Permission is granted for _____ to participate in the Junior Volunteer Program at St. Anthony Hospital.

In the event I cannot be reached, I give permission for any necessary treatment to be given in the case of illness or injury.

Given that medical benefits are not covered under the volunteer program, personal health insurance is advised, but not required.

Parent's Signature _____ Date _____