

# Volunteer Application

## Adult

(Age 18 and over)



We appreciate people who desire to serve the needs of our hospital, patients, and staff. If you are thinking about becoming a Mercy Medical Center Volunteer, it is helpful to understand our program.

Volunteers work a regularly scheduled shift of four hours per week. A uniform is required, and it is to be purchased by you, the volunteer, (about \$20 with tax).

An application and interview process is also required. Once we have received your application, we will submit it for a background check. If you have committed a felony within the last 7 years your application will be rejected. You will be notified when the background check is returned to us, and if you have been cleared, we will schedule an orientation.

At the end of the orientation program, our scheduling chairperson will meet with you to assign your shift and schedule a date to begin training. You will be assigned to an experienced trainer who will work with you for a period of 24 hours. Upon successful completion of your training, you will become an active member in good standing with our organization.

We have many volunteer opportunities available through Mercy Medical Center:

**Mercy Medical Center:**

333 Mercy Avenue

- Gift Shop

**Mercy Outpatient Center:**

2740 M Street

- Information Desk

**Mercy Medical Pavilion:**

315 Mercy Avenue

- Information Desk

**Mercy Cancer Center:**

3850 G Street

- Infusion Room

If you have any questions, or would like further information, please call our Volunteer Coordinator, Janice Wilkerson, at **209.564.4264**. The best time to call is Tuesday and Wednesday anytime between 10am – 2pm.

**Return completed application to:**

The Gift Shop or the welcome desk in the main entrance lobby.

*Applicants may keep this top page for reference.*

# Volunteer Application

## Adult

(Age 18 and over)



Date: \_\_\_\_\_ Gender: M or F \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month/Day

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
City State Zip Code

Residence Telephone: \_\_\_\_\_  
(we must have a phone number)

Cell Phone: \_\_\_\_\_

Cell Provider: \_\_\_\_\_  
(Ex. AT&T, Verizon)  
(This will be used to text you from our computers)

**Please fill this section out if you are currently a college student.**

☐ Full Time ☐ Part Time

☐ Merced College

☐ UC Merced

☐ Other College: \_\_\_\_\_

Email: \_\_\_\_\_

**Where would you like to serve?** (Minimum commitment of 4 hours per week for 1 year)

**Mercy Medical Center:**  
333 Mercy Avenue

**Mercy Medical Pavilion:**  
315 Mercy Avenue

**Mercy Cancer Center:**  
3850 G Street

☐ Gift Shop

☐ Information Desk\*

☐ Infusion Room\*

\*This includes running errands as requested by staff.

Weekly Time Available	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning Shift (8am-12pm)							
Afternoon Shift (12pm-4pm)							
Gift Shop (9am-1pm)							
Gift Shop (1pm-5pm)							

**Have you ever worked for Mercy Medical Center?** ☐ Yes ☐ No

**Have you ever been convicted of a felony?** ☐ Yes ☐ No

*If a felony has been committed within the last 7 years, this application will be denied.*

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **VOLUNTEER EXPERIENCE**

**Describe any prior volunteer experience:** \_\_\_\_\_

\_\_\_\_\_

**How did you hear about our volunteer program?** \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

**Do you have a physical limitation which would require a specific volunteer assignment?** ☐ Yes ☐ No

If yes, please explain your limitation(s): \_\_\_\_\_

\_\_\_\_\_

### **SKILLS AND INTERESTS**

**Indicate skills and interests:** \_\_\_\_\_

\_\_\_\_\_

**List all languages that you speak:** \_\_\_\_\_

\_\_\_\_\_

### **IN EMERGENCY NOTIFY**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone (home)** \_\_\_\_\_

**Telephone (work)** \_\_\_\_\_

**Telephone (Cell)** \_\_\_\_\_

### **REFERENCES**

**Please list two references** (not relatives)

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

*Mercy Medical Center is an equal opportunity employer, accepting personnel regardless of race, nationality, religion, or sex. Volunteers with disability may be limited in their assignments.*

I HEREBY CERTIFY THAT THE COMPLETED APPLICATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I REALIZE THIS INFORMATION IS CONFIDENTIAL AND MAY BE USED TO DETERMINE MY ELIGIBILITY TO WORK IN PATIENT AREAS.

I WILL PROVIDE PROOF OF A TEST VERIFYING I AM FREE OF T.B. PRIOR TO BEGINNING WORK AS A VOLUNTEER. I ALSO AUTHORIZE THE PERSON(S) MAKING TESTS OR X-RAYS TO REPORT THE RESULTS TO THE HOSPITAL.

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*Print Name*

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*Signature*