

EMERGENCY NOTIFICATION:

APPLICANT NAME _____

Name _____ Relationship _____

Place of employment _____ Business Phone _____ Home Phone _____

Physician's Name _____ Phone _____

YOUR OBLIGATION AS A VOLUNTEER :

- | | |
|---|---|
| 1. Complete and submit application | 6. Wear your uniform and your badge at all times while volunteering |
| 2. Attend new volunteer orientation | 7. Complete 100 hours of volunteer service |
| 3. Interview with Volunteer Department Staff | 8. Adults –background check • Minors– submit two letters of recommendation from a non-related source |
| 4. Complete required training for your service area | |
| 5. Have a TB Skin Test | |

Signature of Applicant

Date

PARENTAL CONSENT, required if volunteer is under 18:

_____ has my permission to become a St. Mary's Medical Center student volunteer. I will support his/her effort to honor the commitment made and encourage them to serve the medical center in a manner that will be beneficial to the student and St. Mary's Medical Center.

Parent/Guardian Signature

Date

Students under 18 years of age are required to submit two letters of recommendation from a non-related source (teacher, counselor, coach or pastor). Please submit with your application

VOLUNTEER DEPARTMENT TO COMPLETE THIS SECTION

Orientation letter sent <input type="checkbox"/>	Supervisor Notified <input type="checkbox"/> _____	HIPAA Acknowledgement <input type="checkbox"/>
Orientation date _____	Volunteer Assignment <input type="checkbox"/>	Integrity Program Acknowledgement <input type="checkbox"/>
Interview date _____	Name Badge <input type="checkbox"/>	National Patient Safety Goals <input type="checkbox"/>
.....	Parking Pass <input type="checkbox"/>	Orientation Checklist <input type="checkbox"/>
Supervisor _____	TB Test <input type="checkbox"/>	Cleared <input type="checkbox"/>
Service Area _____	Uniform <input type="checkbox"/>	Uniform Payment <input type="checkbox"/>
Day _____	OVER 18 _____	
Time _____	Background Check <input type="checkbox"/> _____	Cleared <input type="checkbox"/>
Start Date _____	UNDER 18 _____	
Dept. Specific Orientation <input type="checkbox"/>	Two letters of Recommendation <input type="checkbox"/>	Received <input type="checkbox"/>
Due Date: _____		
Date Completed: _____	Rotary Card <input type="checkbox"/>	Database <input type="checkbox"/>