

## How to become a Mercy Folsom Hospital Volunteer

Thank you for your interest in the Mercy Folsom Hospital Volunteer Program. The information below explains the process for becoming a volunteer. The process can take up to 6 weeks to complete. Please carefully read below the program requirements before deciding if Mercy Folsom Hospital Volunteer Program is suited for you.

### Step 1: Program Requirements / Application Process

#### ➤ Program Requirements:

- ✚ Minimum age for Junior Volunteer Program is 15 years old.
  - ✚ Must be able to commit to at least one 3-4 hour shift weekly for a year – 100 hours. Sorry we do not offer a summer program.
  - ✚ Must be able to communicate clearly with persons of the same or different nationalities and/or cultures.
  - ✚ Must be able to speak, read and understand English.
  - ✚ Must have/receive the COVID-19 vaccine + booster.
- ✚ Applications will be accepted on a first-come, first-serve basis and by recruitment criteria. Interested candidates can submit their applications electronically via email at [Jannine.Harnage@CommonSpirit.org](mailto:Jannine.Harnage@CommonSpirit.org) or by mailing the application to the following address: 1650 Creekside Dr., Folsom, CA 95630 Attn: Volunteer Services.
- ✚ Selection is based on **open volunteer positions**, skill level and if you meet position requirements/ availability. If you are selected, you will be invited to an interview with the volunteer manager via e-mail. **Please remember to include your e-mail address for contact.**

### Step 2: Interview

- ✚ Interviews can be done via zoom or in person. If interview is done via zoom, you will still need to pick up an Orientation packet from the volunteer manager prior to orientation.

**Step 3: All potential volunteers 18 + must submit to a background check in order to volunteer. A misdemeanor or felony within seven years may result in the application being denied.**

### Step 4: Orientation/Health Clearance

- ✚ Orientation will be done via zoom.
- ✚ Potential volunteers are required to receive two TB test (Tuberculosis) or chest X-ray for clearance to participate in our program.
- ✚ Must verify immunity to Measles, Mumps, Rubella, and Chicken Pox.
- ✚ The Hepatitis B shot series will be offered by employee health, but can be declined

### Step 5: Get Started In Person Meeting / Tour

- ✚ After the health clearance is completed, you will need to contact the Volunteer Office to schedule an in person **“Get Started”** meeting to finalize assignment, schedule and training.

# VOLUNTEER SERVICE APPLICATION

1650 Creekside Dr., Folsom CA, 95630  
916-984-7386  
[Jannine.Harnage@CommonSpirit.org](mailto:Jannine.Harnage@CommonSpirit.org)



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Last Name

First Name

Date

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Address

City

State

Zip

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Birth Date

Home Phone

Cell Phone

	<input type="checkbox"/> Junior Volunteer (15-17 Years) <input type="checkbox"/> Adult Volunteer
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Email

Program Selection

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In case of an emergency, please indicate a contact person:

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Contact Name

Relationship

Contact Number

Have you ever been convicted of a felony or misdemeanor within the last 7 years? Yes  No

Please explain:
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Previous volunteer experience:

Organization:		
Contact:		
Volunteer Duties:		

Indicate the reason you are seeking a volunteer position (check all that apply)

- Interest in the medical field       Interest in Mercy Hospital of Folsom as a future career option
- Extra Time       Requirement for class
- Service hours required to graduate; how many: \_\_\_\_\_ by when: \_\_\_\_\_

Areas of Interest in the Hospital (check all that apply)

- Front Desk       Administrative       Laboratory       Pharmacy
- Nursing Units       Emergency Room       Radiology       Surgery

Shirt Size

- Womens       Mens
- Small       Medium       Large       X-Large       XX-Large

**References:**

Please list two references other than relatives.

Name:		
Relation:		
Phone Number:		

The above information is accurate and correct to the best of my knowledge.

I understand that this application remains current for only 90 days. If you have not followed through with interview, orientation, and health screenings you will have to reapply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. This position is subject to a pre-screening process. Acceptance is contingent upon successful completion. The Volunteer Department of Mercy Folsom Hospital does not discriminate because of age, race, national origin, gender or sexual preference.*

**THIS PAGE IS ONLY FOR JUNIOR VOLUNTEERS TO COMPLETE**

**Mercy Folsom Hospital**

**CONSENT FOR MINOR TO PARTICIPATE**

1. Junior applicants must include two letters of recommendation with the application.
2. I authorize \_\_\_\_\_ a minor, to participate in Junior Volunteer activities at Mercy Folsom Hospital. Such activities are under the supervision of the hospital's Manager of Volunteer Services or a designated representative.

I (we) understand that this minor's services are donated to the hospital, without expectation of reimbursement, and given for charitable, humanitarian, or religious reasons.

I (we) give permission for the above-named minor to submit to a drug-screen, tuberculin skin test (PPD) or other blood test which is required to serve at Mercy Folsom Hospital. It is understood that this required test is given at the hospital's expense.

I (we) authorize the Emergency Department physicians as my (our) agents to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable in an emergency situation.

I (we) release Mercy Folsom Hospital and its employees from any claim of liability for any damages, injury, or illness resulting to the above-named minor, not resulting from any fault or neglect on the part of the hospital, while engaging in designated Junior Volunteer activities.

This authorization and permission shall remain effective for the period of time the above-named minor is a Junior Volunteer at Mercy Folsom Hospital.

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PRINT PARENT/GUARDIAN NAME

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PARENT/GUARDIAN SIGNATURE(S)

DATE