

How to become a Mercy General Hospital Volunteer

Thank you for your interest in the Mercy General Hospital Volunteer Program. The information below explains the process for becoming a volunteer. The process can take up to 3 months to complete. Please carefully read below the program requirements before deciding if Mercy General Hospital Volunteer Program is suited for you.

Step 1: Application

- ✦ Applications will be accepted on a first-come, first-serve basis and by recruitment criteria. Interested candidates may submit an application by mailing the application to the following address: 4001 J Street, Sacramento, CA 95819 Attn: Volunteer Office or by clicking the link at the bottom of the page to complete the application. If you have any questions, please call 916-453-4559.
- ✦ 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 Staff via e-mail. **Please remember to add e-mail address for contact.**

➤ Program Requirements:

- ✦ Minimum age for Junior Volunteer Program is 15 years old. Junior Volunteers must include two recommendation letters from a teacher or counselor during the school year, other during school breaks – no family members or minors.
- ✦ Must be able to commit to at least one 3-4 hour shift weekly for a year – 100 hours. **NO 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.

Step 2: 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 3: Orientation/Health Clearance

- ✦ Orientation is scheduled on a monthly basis for 2 hours. The dates for orientation will be given after you have been interviewed and accepted into the Volunteer Program.
- ✦ Potential volunteers are required to receive two TB test (Tuberculosis) or chest X-ray for clearance to volunteer.
- ✦ 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 4: Get Started Meeting

- ✦ After the health clearance is completed, the volunteer will need to contact the Volunteer Office to schedule a “**Get Started**” meeting to finalize assignment, schedule and training.

VOLUNTEER SERVICE APPLICATION



4001 J Street, Sacramento, CA 95819
916-453-4559

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Last Name:

First Name:

Date:

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Address:

City:

State:

Zip:

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Birth date: Month/Day/Yr.

Home Phone :

Cell Phone:

		<input type="checkbox"/>	
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Veteran:

Branch:

Active Duty

Years Served:

	<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:

If you are presently employed:

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Name of Organization:

Position:

Work Hours & Days:

Your Education Completed:

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Name of School:

Years Completed or Grade:

Major or Degree:

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

Please explain:

If you were referred by an employee, please complete the following information:

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Name of Employee:

Relationship:

Department:

Previous volunteer experience:

Organization:		
Contact:		
Volunteer Duties:		

Have you ever volunteered and/or been employed by Mercy before? Yes No

If yes, when: _____ Reason for Leaving: _____

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

Interest in the medical field Interest in Mercy General as a future career option

Extra Time Requirement for class

Service hours required to graduate; how many: _____ by when: _____

Area of Interest: (i.e., FBC, Med-Surg., Onc., etc.) _____

Skills and Interest

Indicate skills and interests: _____

List all languages that you speak: _____

References:

Please list two references other than relatives.

Name:		
Title/Company:		
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 General Hospital does not discriminate because of age, race, national origin, gender or sexual preference.

Mercy General Hospital

VOLUNTEER SERVICE APPLICATION QUESTIONNAIRE

Please answer the following questions below

1. Why are you interested in the Mercy General Hospital Volunteer Program?
2. Do you have previous volunteer experience? If so, tell us about them.
3. What do you want to gain or learn from your volunteer experience?
4. Is there an aspect of our mission that motivates you to want to volunteer?
5. Do you have available transportation if selected for the Volunteer Program?
6. Are you able to keep a consistent schedule?
7. Do you have any health limitations that you would like to disclose with the Volunteer Office? (please explain if you have chronic health issues)

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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 General 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 General 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 General 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 General Hospital.

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE(S)

DATE