

# 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 2 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-served basis and by recruitment criteria. Interested candidates can submit their applications electronically via email at [mghvolunteerservices@dignityhealth.org](mailto:mghvolunteerservices@dignityhealth.org) or by mailing the application to the following address: 4001 J Street, Sacramento, CA 95819 Attn: Volunteer Office.
- 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.
  - If you can commit to the volunteer requirements listed below, please download and fill out the application from the Mercy General website - <https://hospitals.dignityhealth.org/sacramento/documents/212875.pdf>
- **Program Requirements:**
  - Must make a 1 year commitment or 100 hours.
  - See, hear, and clearly speak well enough to communicate with persons of the same or different nationalities and/or cultures.
  - Minimum age for Junior Volunteer Program is 15 years old. Junior Volunteers must include two recommendation letters.

**Step 2: All potential volunteers must participate in all pre-employment screenings.  
The screening process is equivalent to employee pre-screening.**

## Step 3: Orientation/Health Clearance

- Orientation is scheduled for 2 hours.
- Tuberculosis (TB) test are preformed and immunization records are submitted to the Employee Health Nurse for review. Employee Health will check for your immunity to Measles, Mumps, Rubella, and Chicken Pox. If you do not have a copy of your immunization records, you will be required to have a lab draw which is free.
- Within 48-72 hours of your first TB test you need to return to Employee Health to have your TB test read by a staff member. Staff will let you know what else you need to complete in order to receive your health clearance.

## Step 4: Get Started Meeting

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

Mercy General Hospital  
**VOLUNTEER SERVICE APPLICATION**  
 Volunteer Department  
 4001 J Street, Sacramento, CA 95819  
 916-453-4559 or 453-7959

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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"/> 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							

Incase 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:

Any health limitations related to volunteer duty:

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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.) \_\_\_\_\_

**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**

**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.

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PARENT/GUARDIAN SIGNATURE(S)

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DATE

