



Volunteer Services Adult Application Form

OFFICE USE ONLY
Volunteer Number _____
Assigned Area(s) _____
Proposed Start Date _____

Applicant Information	Last Name	First Name	M.I.
	Nickname		
	Street		
	City	State	Zip
	Primary Phone	E-mail	Other
	Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Status and Availability	Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Please explain: _____							
	If currently employed, please list company name _____							
	Does your employer have a volunteer giving program?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Available days/times							
		SUN	MON	TUE	WED	THURS	FRI	SAT
	AM	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____	
EVE	_____	_____	_____	_____	_____	_____	_____	

Volunteer Profile	Please give a brief summary of your background: _____	

	Reasons for wanting to volunteer: _____	

	How did you learn about volunteering at Holy Spirit Hospital? _____	

Any particular volunteer activity/department you would like to try? _____		

Any volunteer activity you would <u>not</u> want to be called upon to do? _____		

Interests:		
<input type="checkbox"/> Special Events	<input type="checkbox"/> Information Desk	
<input type="checkbox"/> Patient Visitor	<input type="checkbox"/> Pastoral Care	
<input type="checkbox"/> Nursing Floor	<input type="checkbox"/> Patient/Family Support	
<input type="checkbox"/> Greeter	<input type="checkbox"/> Short Term Projects	
Have you ever been convicted of a crime (other than a traffic violation) or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the nature and date of occurrence.		



Volunteer Services Adult Application Form

OFFICE USE ONLY
Volunteer Number _____
Assigned Area(s) _____
Proposed Start Date _____

Emergency Contact	Local person to be contacted in case of illness/emergency: Name _____ Relationship to you _____ Phone _____ Address _____ City _____ State/Zip _____
-------------------	--

References	<p><i>Please list two adults over 21 years who are not relatives and who have known you for at least two years.</i></p> Name _____ Phone _____ Street Address _____ City _____ State _____ Zip _____ Name _____ Phone _____ Street Address _____ City _____ State _____ Zip _____ If you have any friends/relatives employed or volunteering for Holy Spirit Health System, please list their names: _____
------------	---

COMMITMENT STATEMENT: *I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement or justify future dismissal. I also understand that a criminal background check will be conducted upon offer of assignment and that I may be asked to submit to FBI fingerprinting and Child Abuse Registry Check at my own expense. I hereby request to become a member of the Volunteer Services Department with Holy Spirit Health System and will abide by all hospital, departmental, and health system policies. I am willing to volunteer unpaid hours of service. If I am offered an assignment, I am willing to complete and return the Health Screening form and agree to a two step PPD test to be administered by Employee Health at the time of my health screening. I willingly agree to be trained and oriented, wear a volunteer uniform and ID badge, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform of necessary absences. I clearly understand that there is no employee/employer relationship and as a service volunteer I will not be entitled to compensation/workmen's compensation or fringe benefits of any kind for any voluntary service. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection control, and patient confidentiality.*

Signature _____ Date _____



Volunteer Services Adult Application Form

OFFICE USE ONLY
Volunteer Number _____
Assigned Area(s) _____
Proposed Start Date _____

CRIMINAL BACKGROUND CHECK DISCLAIMER AND CONSENT FORM

I acknowledge that Holy Spirit Health System will submit a Pennsylvania State Criminal Clearance check on my behalf if I am offered and accept an offer of a volunteer assignment. I attest that, to the best of my knowledge, I have not been convicted of an offense that would prohibit my volunteering with Holy Spirit Health System. Furthermore, I understand that my failure to disclose any convictions on my volunteer application is considered falsification of a legal document and constitutes grounds for termination.

I acknowledge if I have not been a resident of Pennsylvania for two (2) consecutive years prior to my date of application for volunteering with Holy Spirit Health System that I will submit an FBI Background Check at my own expense upon offer of a volunteer assignment. I further acknowledge that certain assignments require FBI fingerprinting and Child Abuse Registry check that I must complete at my own expense prior to starting my assignment.

Criminal Background Check	Last Name _____ First Name _____ M.I. _____
	Street _____
	City _____ State _____ Zip _____
	Race _____ Sex _____ Birth date _____
	Social Security Number _____ Driver's License _____
	I have been a resident of Pennsylvania for at least the last 2 consecutive years <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand the information above is required in order to obtain a conviction only criminal history file search and authorize Holy Spirit Health System to utilize the information solely for this purpose. To the best of my knowledge, there are no disqualifying offenses on my record. However, if this statement is proven false, termination or criminal penalties may result. Additionally, I understand that I must contact the Volunteer Director if any incidents occur that would affect my continued volunteer service. I also understand that Holy Spirit Health System reserves the right to conduct periodic criminal history searches during my volunteer service tenure.

Signature _____ Date _____