

JUNIOR Application for Volunteer Services

Title: Miss Ms. Mrs. Mr.

Last Name _____ First Name _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____

Primary Phone _____ Other Phone _____

E-mail Address _____ Date of Birth _____

Current Employer / School _____ Work Phone _____

EDUCATION High School Some College Undergraduate Degree Graduate Degree Trade School

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Previous volunteer experience: _____

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

Personal fulfillment Professional development Family/friends involved with hospital
 Extra time Requirement for class/degree (# of hours required _____) Other _____

Type of program you are interested in: Regular (4hrs/week for 6 months - minimum of 75 hrs)
 Summer: June-August (4hrs/week for 8 weeks - minimum of 32 hrs)

Which area would you like to volunteer (please select at least two):

Patient Services Guest Services Clerical Services Flower Shop / Gift Shop Special Services

When are you available to volunteer?

Mornings Afternoons Evenings
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

How did you learn about volunteer opportunities at Advocate Lutheran General Hospital?

Friend Hospital volunteer/associate (name _____) Employer School Newspaper
 Volunteer Fair / Exhibit Advocate Website Other Website _____
 Other _____

Do you have any medical limitations on the type of volunteer work you can perform? Yes No If yes, please explain:

PERSONAL REFERENCES

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Have you ever been convicted of a crime, other than a traffic violation or misdemeanor, in the last seven years? Yes No

If yes, please explain: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I understand and approve of the student volunteer program at Advocate Lutheran General Hospital and give my permission for my son/daughter to volunteer. To remain in the program, I understand he/she must regularly fulfill the weekly service requirement and abide by the guidelines as established by the Volunteer Services of Advocate Lutheran General Hospital.

Parent / Guardian Signature of Consent _____ Relationship to Student _____

Volunteer Requirement Agreement

- *The volunteer assumes the responsibility of projecting a manner that is pleasant and helpful to the patients, the hospital staff, the visitors, or with whomever they come in contact. As a representative of the hospital, a volunteer is expected to adhere to all Advocate Lutheran General Hospital (ALGH) policies.*
- *Placement in an area depends upon both the current needs and the new volunteer's desires and skills.*
- *New volunteers are required to attend an orientation to learn hospital policies and procedures and correct ethics regarding patient interaction. Additional special orientations may be required to work in certain areas of the hospital.*
- *It is required that all volunteers complete a medical clearance screening that includes a TB test and verification of vaccination records prior to starting their volunteering.*
- *It is required that all volunteers take an annual PPD skin test for Tuberculosis.*
- *It is required that all volunteers consent to a criminal background check.*
- *The volunteer is expected to inform the volunteer office and the department as far ahead as possible if they are unable to work.*
- *The volunteer is responsible for maintaining the standard of work performance.*
- *Volunteers must wear a designated uniform while performing their volunteer duties.*
- *The volunteer must follow the appropriate dress code guidelines as discussed in the volunteer orientation.*
- *ID tags must be worn at all times.*
- *Smoking is not permitted anywhere on the hospital campus. Intoxicating beverages or illegal drugs should not be consumed prior to reporting on duty. Violation of any of these may result in immediate dismissal.*
- *The volunteer is responsible for keeping all information confidential, including, but not limited to a patient's physical condition, financial status, personal problems, associate information, and Advocate business plans or strategies.*

Please read the following carefully and sign on the line provided

I understand and fully acknowledge that in volunteering for Advocate Lutheran General Hospital, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or by Advocate Lutheran General Hospital.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to allow any information provided in this application to be verified by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

Signature of Applicant _____

Date _____