

EXPERIENCE

Have you ever been employed by St. Luke's? Yes: ___ No: ___ What Department: _____

Are You Required To Volunteer? Yes _____ No _____ Requirement Details: _____

Activities you participate in: _____

Groups or organizations you are involved with: _____

Experience, skills, talents you would like to share: _____

Why have you decided to apply to volunteer?

What do you hope to achieve by volunteering?

Prior Experience:

(1) Volunteer

Position: _____ **Duties:** _____

Position: _____ **Duties:** _____

(2) Employment or Other

Position: _____ **Duties:** _____

Position: _____ **Duties:** _____

Availability: please circle any/all available time slot(s)

(you will likely be assigned to volunteer one morning or one afternoon per week)

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

Volunteer Areas

There Are Many Volunteer Positions In Each General Area

Please check the areas listed in which you are most interested (additional areas/positions may also be available)

____ **Providing Services to Visitors**

Examples:

Day Surgery Waiting Area- assemble patient charts, escort patients and visitors, answer phones, date entry

Information Desk- direct and escort patients and visitors to locations as requested

____ **Assisting Staff or Volunteers**

Examples:

Clerical/Copy Center/Storeroom - coping, folding, stuffing envelopes, labeling, sorting, filing, deliveries

Computer Data Entry- simple data entry for various departments

Admitting - deliver patient mail, help people with directions around campus, return wheelchairs to departments or information desks and other errands

____ **Gift Shop Floor Clerk and Cashier**

Example:

Gift Shop Floor Clerk & Cashier- assist customers with purchases, restock shelves and assist in keeping shop clean and orderly, price merchandise as directed, wrap and bag merchandise, use cash register and credit card machine

____ **Patient Care Area Volunteer**

Examples:

Book cart- provide patients and visitors with reading materials or other items available

Nursing Units- provide units with assistance, clerical support, and patient care related tasks

Flower Delivery: deliver flowers to patients in their rooms

REFERENCES-DO NOT LIST RELATIVES

1. _____
Name Phone

Address City State Zip Code

2. _____
Name Phone

Address City State Zip Code

I agree to abide by St. Luke's policies and procedures, ensuring the high quality of service volunteers provide as part of the St. Luke's healthcare team. I further authorize my references listed permission to furnish St. Luke's Volunteer Office with facts and opinions regarding my ability to be an effective volunteer and contribute to St. Luke's Mission, The Patient Above All Else. I verify the information on this application is true.

Signature _____ Date _____