Volunteer Application Form

I am interested in volunteering at [check all that apply]:
- [ ] HSHS St. Vincent Hospital
- [ ] HSHS St. Mary's Hospital Medical Center
- [ ] HSHS St. Nicholas Hospital
- [ ] HSHS St. Clare Memorial Hospital

Name (Last, First, Middle): __________________________________________
Home Address: _______________________________________________________
City/State/Zip Code: ___________________________________________________
Preferred Phone: ____________________________ [ ] Home [ ] Cell [ ] Work
Date of Birth: ________________________________
E-mail Address: _______________________________________________________
Preferred communication method from Volunteer Services: [ ] Phone [ ] Text [ ] Email [ ] Traditional mail

Previous Work and Volunteer Experience
1) ________________________________________________________________
2) ________________________________________________________________
3) ________________________________________________________________

Education or special training/professional license: ________________________________
Special skills or interests you would like to share: ________________________________

Have you volunteered at or been employed by our hospital system before? [ ] Yes [ ] No
If yes, what position and location? ____________________________ Dates __________

Have you ever been convicted of a crime? [ ] Yes [ ] No
If yes, describe in detail including date and place of conviction:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Preferred or most available times to volunteer [check all that apply]:
- [ ] Early morning
- [ ] Midday
- [ ] Afternoon
- [ ] Evenings

Preferred or most available days of the week to volunteer [check all that apply]:
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

How frequently do you prefer to volunteer?
- [ ] Weekly
- [ ] Monthly
- [ ] As needed
- [ ] Only during these months __________________

What types of volunteer roles do you prefer [check all that apply]:
- [ ] Greeting/information sharing
- [ ] Clerical/organizing tasks
- [ ] Special projects
- [ ] Clerical/organizing tasks
- [ ] Group leadership
- [ ] Other:

What hospital areas or departments do you prefer to volunteer in?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Volunteer Name: __________________________
Volunteer ID #: ___________________________
Please print clearly
Emergency Contact

Name: ______________________________________________________________

Phone: ______________________________________________________________

Relationship: __________________________________________________________

Did someone refer you to Volunteer Services? □ Yes  □ No

If yes, who? __________________________________________________________

Please list two references we can contact:

Name: ___________________________________________  Name: ______________________

Relationship: ___________________________________________  Relationship: ______________________

Phone: ___________________________  Phone: ___________________________

Email: ___________________________  Email: ___________________________

Please Read and Sign Below

If you have questions, please contact Volunteer Services Staff before signing the application. Your signature verifies you have read, understand and agree to abide by these statements:

• I agree to live the hospital's mission and values while volunteering and accept the Code of Ethics and Corporate Compliance Standard.

• I understand that I will be required to satisfactorily complete a tuberculosis test, varicella, rubella/rubeola mumps titer (if needed) and criminal background check (if 18 or older) as a condition of volunteer placement. I also understand the hospital has a no-smoking and drug-free policy, and I agree to comply with this requirement. I also agree to receive a flu shot, courtesy of the hospital, if volunteering during the flu season.

• I hereby affirm that all information contained in this application (and resume, if submitted) is accurate and complete.

• I hereby authorize the Hospital to investigate all statements contained in this application (and resume, if submitted), and to contact my former employers, volunteer supervisors, and listed references or any other persons who can provide information relative to my volunteer consideration.

• I agree to participate in an interview and complete all education and training requirements.

Signature of Applicant or Guardian if a minor ___________________________  Date __________

Return to:

HSHS St. Vincent/St. Mary's Hospital Medical Center
Volunteer Services
PO Box 13508
Green Bay, Wisconsin 54307-3508

HSHS St. Nicholas Hospital
Volunteer Services
3100 Superior Avenue
Sheboygan, WI 53081

HSHS St. Clare Memorial Hospital
Volunteer Services
855 Main Street
Oconto Falls, Wisconsin 54154

HSHS Volunteer Services

EWD_AUX000009-4  7/17