

## Personal Information:

Date of this Application\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate

Degree and School Attended: \_\_\_\_\_

Are you a current student? \_\_\_\_ Yes \_\_\_\_ No Expected grad. date \_\_\_\_\_

Are you a year-round resident? \_\_\_\_ Yes \_\_\_\_ No

If not, what months are you available? \_\_\_\_\_

Mailing Address of 2<sup>nd</sup> Residence \_\_\_\_\_

Work Status: \_\_\_\_ Employed \_\_\_\_ Retired \_\_\_\_ Unemployed

Current or last place of employment \_\_\_\_\_

## In an Emergency Please Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Have you ever applied or been a SJMC Volunteer before?** \_\_\_\_ Yes \_\_\_\_ No

**Are there any work activities or conditions you must avoid?** \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe \_\_\_\_\_

**Have you ever committed, been convicted of, pled guilty to, or pled no contest to a felony or misdemeanor in the past 5 years?**    ☐ Yes    ☐ No

If yes, please explain \_\_\_\_\_

**What do you hope to gain from your volunteer experience?**

---

---

---

**Please list past or current volunteer experience:**

---

---

---

**What about the healthcare setting is appealing to you?**

---

---

---

**Were you referred by a friend or acquaintance?**    ☐ Yes    ☐ No

If so can you share the name? \_\_\_\_\_

## Personal References:

*Please provide complete names, addresses, and contact numbers of references. Provide the names of two employers, supervisors, teachers, or work related colleagues who have known you for at least one year. References should not be related to you or live at the same address. To process your application, reference information must be complete.*

1. Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Relationship to you\_\_\_\_\_Years Acquainted\_\_\_\_\_

2. Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Relationship to you\_\_\_\_\_Years Acquainted\_\_\_\_\_

### **In which areas are you most interested in volunteering?**

|   |                               |
|---|-------------------------------|
| Patient Care Unit_____                        | 1:1 Visits Living Center_____ |
| Living Center Activities_____                 | Music and Healing _____       |
| Administrative Support_____                   | Certified Pet Partner_____    |
| Spiritual Care_____ (Additional Requirements) | No preference_____            |

**Please list your gifts/talents/skills you can offer:**

**Authorization and Release**    Please read each statement carefully before signing.

I authorize St. John's Medical Center to obtain relevant information regarding my background, including, but not limited to: a check with my current and previous employers (excluding any that I have specifically excluded above), schools, licensing and certifying agencies, people and organizations named in this application and any accompanying documentation I provide, as well as a criminal background check. I expressly release from liability all individuals and organizations that provide information about my employment and background to St. John's Medical Center.

**Acceptance for volunteer service is subject to:**

1. Satisfactory reference and medical screening reports.
2. Personal interview with the Volunteer Services Department as required.
3. Timely return of all required paperwork and testing
4. Willingness to take a two hour orientation prior to starting your volunteer service
5. Willingness to abide by all hospital and/or Living Center requirements and regulations.
6. The Volunteer Services program requires a minimum of 1 year of service and a minimum of 40 hours within    that year.

I understand that St. John's Medical Center is not obligated to provide placement, nor am I obligated to accept the position offered. To the best of my knowledge the information provided in my application is true and complete. I understand that any misrepresentations or omissions of facts shall be considered sufficient cause for dismissal. I also understand the commitment that is being asked of me, and if I cannot fulfill my obligation of 1 year of service I will help reimburse the hospital the cost of orientation and testing, amount to be determined by the Volunteer Services Department.

---

Signature of Applicant

---

Date

---

Printed Name

Please complete and return this form when you return for your interview. To schedule an interview, please call Volunteer Services at 739-7541, or e-mail to [volunteer@tetonhospital.org](mailto:volunteer@tetonhospital.org).





## ST. JOHN'S MEDICAL CENTER VOLUNTEER CODE OF ETHICS

*Understanding that the hospital and living center has a real need for my services as a volunteer worker:*

I will abide by the rules and regulations of St. John's Medical Center.

I will complete the required Rubella Titer, Measles Titer, TB skin test, background screening, and drug screen in a timely manner.

I will be punctual and conscientious in the fulfillment of my duties, and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider as **confidential** all information that I may hear directly, or indirectly, concerning a patient, doctor, or any member of personnel.

I will seek no information in regard to a patient.

I will take any concerns, criticisms, or suggestions to the Volunteer Services Coordinator..

I will endeavor to make my work of the highest quality.

I will not discuss any personal problems with the patients, nor carry my patient relationship outside of the hospital walls.

I will establish a dignified relationship with the hospital staff and patients.

I will uphold the standard and traditions of this hospital and will interpret them to the community at large.

---

Signature

---

Date