



**VOLUNTEER SERVICES DEPARTMENT
VOLUNTEEN APPLICATION**

(Applicants 13 - 17 years of age)

Box 428- Dept. 915
Jackson, WY 83001

Name _____ Date _____ Home telephone _____

E-mail address _____ Your cell phone # _____

Mailing Address _____ City _____ Zip _____ Birth Date _____

SS# _____ - _____ - _____

Parent or Guardian's Name & Place of Work _____

Parent work phone _____ Parent cell phone _____

In Case of Emergency Notify _____ Phone _____ or cell phone _____

Your family doctor's name _____

Name of your school _____ Grade _____ Your Favorite subject: _____

Do you have any health problems? Yes _____ No _____

If Yes, explain _____

Your experience as a volunteer _____

Your (paid) work experience _____

Why do you want to volunteer at the hospital? _____

How will you be able to get to the hospital punctually and consistently? _____

Days and hours you are available to volunteer: _____

Outside activities you are involved in: (sports, clubs, etc) _____

VI. REFERENCES Personal or Professional; Not a relative; Over 21 years of age, who has known you for more than one year.

1. Name: _____ Relationship to you: _____ Day Phone: _____

2. Name: _____ Relationship to you: _____ Day Phone: _____

3. Have you ever been assigned to community service by a judge? _____ No _____ Yes
If yes, explain:

Acceptance for Volunteer Placement is subject to:

- 1. Signature of a parent or Guardian, giving permission for required health screening & orientation.
- 2. Personal interview with the Coordinator of the Volunteer Services Department.
- 3. Verbal recommendations by references named in the application.
- 3. Willingness to abide by all organization requirements and regulations.

I understand that St. John’s Hospital and Living 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 agree to abide by the rules and regulations of the hospital.

I understand that I must attend an orientation session in order to become a Volunteer.

Signature of Applicant

Date

Please complete and return this form when you return for your interview. To schedule an interview call the St. John’s Volunteer Services at 739-7541.

Sign and Return this Form to the Volunteer Office

VOLUNTEEN PLEDGE OF PROFESSIONALISM

NAME _____

BELIEVING THAT ST. JOHN'S MEDICAL CENTER HAS A REAL NEED FOR MY SERVICE:

- 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 for others.
- I will treat as confidential all information that I hear concerning a patient, doctor or staff member.
- I will seek no information in regard to any patient unless they are related to me.
- I will take any problem, criticism or suggestion directly to the Volunteer Coordinator.
- I will always try to behave in a courteous and professional manner.
- I will always be very conscientious of my appearance and will keep myself neat and clean.
- I will uphold the standard and traditions of this hospital.

I have read and understand the policies and procedures set forth for the VOLUNTEEN program.

Signature of Volunteen Applicant

Date



**St John's Medical Center
Volunteen Parent/Guardian Permission**

We are required to obtain parental permission before any "volunteen" begins providing volunteer services in the hospital.

Your son or daughter has applied to become a St. John's Medical Center Volunteer. We are looking for teen volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- the opportunity to work with a variety of different people
- Experience in doing different kinds of work
- A chance to learn responsibility and show leadership and independence
- A chance to explore some health care careers.

For most of our teen volunteers, the commitment they make to us is also a commitment for you. They count on their parents/guardians to:

- Provide transportation to get to and from the hospital
- Help ensure their timely arrival
- Expect them to do their best in jobs assigned
- Not schedule family events or duties at the time they are scheduled to work
- Help make sure they arrive at SJMC in clean, dress code acceptable clothing

We understand there will be times when your son or daughter can't come, such as illness, emergencies, or vacations. We ask that volunteers call us when they are ill or have an emergency, and give us as much notice as possible about vacation plans. If we don't receive a call, we will be counting on him/her to be here.

For teenagers, school should be of major importance and concern. Volunteering should not interfere with schoolwork. If grades go down, please have your child call, and we will put him or her on a leave of absence. When grades improve, volunteers can be easily reinstated in the program.

- I hereby give permission for my child _____ to perform volunteer services at St. John's Medical Center under the direction of the Volunteer Services Department. I have read the foregoing rules and guidelines, and I clearly understand the conditions of my child's participation in the program described above.
- I grant the hospital permission to administer to my daughter/son a tuberculin skin test before providing volunteer services in the hospital and will supply current vaccination records.
- I grant the hospital permission to provide emergency treatment to my child in the event he/she becomes ill or sustains an injury while serving as a Volunteer.

Parent/Guardian signature