



VOLUNTEER SERVICES APPLICATION

APPLICANTS 18 YEARS OF AGE AND OLDER

WELCOME TO SJH VOLUNTEER PROGRAM

Thank you for your interest in volunteering at St. John's Health (SJH). Below is a list of items and actions that need to be completed and submitted prior to you starting to volunteer at SJH.

Completion of Application and Orientation Process

Background Check <https://sjmc.quickapp.pro/apply/applicant/new/3841>

Drug Screening and Immunizations

In order to facilitate your volunteering, we ask that you complete your drug screen and immunization confirmation/titers before you begin. Please call or email the Volunteer Services Department with availability. Before your appointment please email your immunization, records or bring them to the Volunteer Services Department. Your records will be reviewed prior to your appointment and indicated on a lab form what titers need to be performed. The following is what reviewed in your vaccination records:

TB: either a Quantiferon blood test of two PPDs performed within 2 weeks of each other. If you don't have either of these within the past 12 months, you can get the blood test done [here](#).

MMR: record of at least 2 vaccinations, or titer

Varicella: record of at least 2 vaccinations, or titer

Hep B: series of 3 vaccinations or a declination statement

Current Flu Shot: mandatory during flu season November-April

Please don't worry if you do not have the immunizations, or if you don't have records. We are able to complete titers and vaccinations here at our facility.

Please let us know if you have any questions and welcome to St. John's Health Volunteer Program!

Thank you,



Sara Rothermel
Volunteer Service Department
(307) 739-7541
volunteer@stjohns.health



SJH VOLUNTEER APPLICATION CHECKLIST

- _____ Complete and return application to the Volunteer Services Department.
- _____ Complete Volunteer Services Department interview.
- _____ When selected for a volunteer position, you will need to complete a hospital orientation with the Volunteer Services Department (approx. 1.5 hours). At this time the background check will be submitted by Volunteer Services Department. Your hospital ID badge will also be processed at this time.
- _____ Complete all required lab work: TB test, Rubella/Rubeola/Varicella Titer (German Measles, Measles, Chicken Pox), urine drug screen, Flu Shot (Required Nov.-March). Call 739-7531 for appointment.
- _____ Volunteer orientation and paperwork completed.
- _____ Volunteer position specific training and paperwork completed.

Keep this check list handy as you complete the volunteer application process.



ST. JOHN'S HEALTH VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date of this Application _____

Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of Birth _____

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 2nd Residence _____

WORK STATUS

___ Employed ___ Retired ___ Unemployed

Current or last place of employment _____



IN AN EMERGENCY PLEASE NOTIFY

Name_____Relationship_____

Address_____ Phone_____

Have you ever applied or been a SJH Volunteer before? ___Yes ___No

If yes, where_____ Years of Service_____

Are there any work activities or conditions you must avoid? ___Yes ___No

If yes, please describe_____

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?

How did you hear about the volunteer program?



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____ | Music and Healing ____ |
| Living Center____ | Certified Pet Partner____ |
| Administrative Support____ | No preference____ |
| Spiritual Care____ | |

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



AUTHORIZATION AND RELEASE

Please read each statement carefully before signing.

I authorize St. John's Health (SJH) 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 Health.

Acceptance for volunteer service is subject to:

- Satisfactory reference and medical screening reports.
- Personal interview with the Volunteer Services Department as required.
- Timely return of all required paperwork and testing
- Willingness to take a two hour orientation prior to starting your volunteer service
- Willingness to abide by all SJH requirements and regulations.
- 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 Health 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 one 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 Department at 739-7541, or e-mail to volunteer@stjohns.health.



ST. JOHN'S HEALTH VOLUNTEER CODE OF ETHICS

Understanding that SJH has a need for my services as a volunteer:

I will abide by the policies & guidelines of St. John's Health.

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 regarding a patient.

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

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 SJH walls.

I will establish a dignified relationship with SJH staff and patients.

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

Signature

Date

