

# St. Rita's Medical Center Adult Volunteer Application

PREFERRED FORM OF ADDRESS			
Mr.	Miss	Mrs.	Ms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickname:			

BIRTHDAY	
<input type="text"/>	<input type="text"/>
Month	Day

SOCIAL SECURITY NUMBER									
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME/ADDRESS/PHONE NUMBER			<i>Please answer all questions.</i>		
LAST NAME		FIRST	MIDDLE INITIAL		
CURRENT ADDRESS		NUMBER	STREET		
CITY		STATE	ZIP		
PHONE NUMBER – HOME		PHONE NUMBER – WORK	CELL PHONE NUMBER		
FAX NUMBER		E-MAIL ADDRESS			
EMERGENCY CONTACT INFORMATION		NAME		RELATIONSHIP	
PHONE NUMBER – WORK		PHONE NUMBER – HOME	CELL PHONE NUMBER		
HEALTH INFORMATION			<i>You must have been seen by this physician within the past 12 months.</i>		
Physician Name:		FIRST	LAST		
ADDRESS		CITY	STATE	ZIP	
VOLUNTEER EXPERIENCE			Have you ever volunteered at St. Rita's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and what department?					
Are you now, or have you been a volunteer in any organization(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where and when:					
May we phone you at work regarding your volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
REFERENCES			<i>Relationship must be other than family member. (2 references required)</i>		
NAME		NAME			
ADDRESS		ADDRESS			
CITY		CITY			
STATE		STATE			
ZIP		ZIP			
TELEPHONE NUMBER		TELEPHONE NUMBER			

Have you ever been excluded as, providers, from Medicare, Medicaid, or other Federal health care programs? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date, place, charge, and disposition of conviction:						
Are there any felony charges outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date, place, charge and current status:						
Are you volunteering to satisfy a court required community service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your probation officer's name and phone number:						
<b>DAYS AVAILABLE TO VOLUNTEER</b> (please circle shift(s) and day(s))		Morning	Afternoon	Evening		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Specific times you are NOT available (days/months):						
<b>EMPLOYMENT</b>		Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		POSITION		
COMPANY NAME		PHONE NUMBER				
If no, profession retired from:						
<b>PROFESSIONAL/CIVIC MEMBERSHIPS</b>		Please list:				
<b>SPECIAL SKILLS/INTERESTS</b> (please circle)		Languages – including signing	Office/Clerical	Computer	Public Speaking	
Teaching	Entertainment	Musical Instrument	Walking	Other:		
<b>REFERRAL SOURCE</b> (please circle all that apply)		Radio	TV	Newspaper		
Recruiting Event		Self Inquiry		Civic/Service Group		
Church/Temple		Friend/Relative		Posters		
Flyers		Brochure		St.Rita's employee or former employee		
As a patient		Employer		Other:		

*By signing this volunteer application, I authorize St. Rita's Medical Center to check references, criminal background, and contact my physician regarding my physical and emotional health. I understand that as a volunteer, I must work with and under the supervision of the Volunteer Director/Coordinator. I also understand that if accepted for volunteer service, I must abide by the policies and regulations of St. Rita's Medical Center.*

*St. Rita's Medical Center is not obligated to provide a placement, nor are you obligated to accept the position offered.*

*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.*

Signature \_\_\_\_\_ Date \_\_\_\_\_