



VOLUNTEER SERVICES

Application to Volunteer

_____ Date

*All fields must be completed or the application will not be processed. Please put "NA" in fields that are not applicable to you.

Identifying Information		
Legal Last Name:	Legal First Name:	
Middle Name:	Preferred Name:	
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Phone:	E-Mail:	
Preferred Method of Communication:		
Gender:	Marital Status:	Birthdate:
SSN:	Ethnicity:	
Education(Current or Most Recent):		
Armed Forces (Active): Air Force Army Coast Guard Marines Navy Not Applicable		
Veteran: Air Force Army Coast Guard Marines Navy Not Applicable		
How did you learn about volunteering at St. Luke's?		
Current Volunteer: Name _____	St. Luke's Website/Internet Search	
St. Luke's Associate: Name: _____	School	
Advertisement: _____	Brochure	
Other (please explain): _____		
What do you hope to gain from volunteering at St. Luke's?		

Previous Volunteer Experience (1)

Name of Agency:

Duties/Responsibilities:

Dates of Volunteer Experience:

Previous Volunteer Experience (2)

Name of Agency:

Duties/Responsibilities:

Dates of Volunteer Experience:

Education

High School Information

Name of High School:

Graduation Date:

Extracurricular Activities:

Are you volunteering to complete a class or extracurricular requirement?

College Information

Name of College:

Graduation Date:

Major:

Extracurricular Activities:

Are you volunteering to complete a class or extracurricular requirement?

Graduate School Information

Name of College:

Graduation Date:

Major:

Highest Degree Earned:

Extracurricular Activities:

Are you volunteering to complete a class or extracurricular requirement?

Employment Information (current, retired from, most recent)			
Employment Status:	Employed	Retired	Unemployed
Current/Most Recent/Retired from Employer:			
Street Address:			
City:		State:	Zip:
Position/Title:			
Job Duties:			
May we contact this employer?		Phone Number:	

Emergency Contact Information			
Name (1):		Home Phone:	
Address:		Cell Phone:	
City:		State:	Zip:
Email:		Relationship:	
Name (2):		Home Phone:	
Address:		Cell Phone:	
City:		State:	Zip:
Email:		Relationship:	

Professional References			
Professional references are people who can attest to your work ethic and include people you have worked for/with. For students this includes teachers, coaches, scout leaders, youth leaders, babysitting jobs.			
Name (1):		Phone:	
Address:		Email:	
City:		State:	Zip
Relationship:			
Name (2):		Phone:	
Address:		Email:	
City:		State:	Zip
Relationship:			
Name (3):		Phone:	
Address:		Email:	
City:		State:	Zip
Relationship:			

Availability

Weekday:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Time:

AM Afternoon PM

My availability is:

- Depending on school activities
- Only during school breaks
- Ongoing, except these date __/__/__ to __/__/__
- Only between these dates __/__/__ to __/__/__
- Will change with class schedule/semesters
- Will be flexible depending on assignment

I would like to serve up to ____ hours

- Daily
- Monthly
- One Time
- Weekly

Skills

Computer	Foreign Language	Office Work
<input type="checkbox"/> Data Entry <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Word <input type="checkbox"/> PhotoShop <input type="checkbox"/> Publisher <input type="checkbox"/> Web Design & HTML <input type="checkbox"/> PageMaker	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <hr style="width: 100%;"/>	<input type="checkbox"/> Accounting <input type="checkbox"/> Answering Phones <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Data Entry <input type="checkbox"/> Filing <input type="checkbox"/> Receptionist <input type="checkbox"/> Scanning <input type="checkbox"/> Ticket Sales

Instruments	Needlework
<input type="checkbox"/> Piano <input type="checkbox"/> Guitar <input type="checkbox"/> Flute <input type="checkbox"/> Singing <input type="checkbox"/> Violin <input type="checkbox"/> Other <hr style="width: 100%;"/>	<input type="checkbox"/> Crocheting <input type="checkbox"/> Knitting <input type="checkbox"/> Quilting <input type="checkbox"/> Sewing

Interests

<input type="checkbox"/> <u>Direct Patient Contact</u>	<input type="checkbox"/> <u>No Patient Contact</u>	<input type="checkbox"/> <u>Direct Public Contact</u>
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By signing below, I certify that the answers and information said above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be asked to participate in the volunteer program.

I authorize UnityPoint Health - St. Luke's to investigate all statements contained in this application for employment to include criminal, child and dependent adult abuse information in accordance with Iowa and/or Illinois law, as well as my character and qualifications. I release St. Luke's from all liability for actions performed in good faith and without malice in connection with evaluation of my application. I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide UnityPoint Health - St. Luke's Hospital with all information requested and to cooperate fully with the investigation of my character and qualifications. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies, or corporations supplying such information.

I certify that throughout the selection process, including the interview, I will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer assignment.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position at UnityPoint Health - St. Luke's Hospital or my termination as a volunteer.

I also understand that this is an application for and not a commitment or promise of volunteer opportunity.

I understand that if I am offered a volunteer assignment, the offer is contingent upon receipt of satisfactory references and criminal/abuse/compliance background information, a physical health assessment, immunization documentation and TB testing.

I agree that at no time will any information regarding patients or operations of the hospital be revealed to anyone other than those authorized to receive it.

I understand, as a volunteer, I must conform to all the UnityPoint Health - St. Luke's Hospital rules and regulations.

I voluntarily offer my services with a clear understanding that there is no monetary compensation.

UnityPoint Health - St. Luke's Hospital seeks to provide a healthy, comfortable, and productive work and health care environment. In the event I am a volunteer of UnityPoint Health - St. Luke's Hospital, I acknowledge and agree to abide by the UnityPoint Health - St. Luke's Hospital "Tobacco-Free Environment" policy that smoking or any tobacco use is strictly prohibited anywhere on the UnityPoint Health - St. Luke's campus.

UnityPoint Health - St. Luke's Hospital is committed to providing equal opportunity in all areas of volunteering regardless of an individual's race, religion, age, sex, qualified disability or national origin except where these categories are a bona fide occupation qualification.

Signature: _____ Date: _____

Permission to Use Photograph:

I grant UnityPoint Health - St. Luke's Hospital the right to take photographs of me in connection with volunteering at St. Luke's Hospital. I authorize UnityPoint Health - St. Luke's Hospitals, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that UnityPoint Health - St. Luke's Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read and understand the above:

Signature: _____ Date: _____