I want to thank you for your interest in Volunteer Services at Saint Agnes Hospital!

The volunteer application you requested is enclosed with a questionnaire.

- Please complete the application/questionnaire and return it to Volunteer Services, 900 Caton Avenue, Baltimore, Md 21229 Mailbox #023
- The application must be returned with a letter of recommendation. This letter of recommendation must be current (within the last year) and written by an adult who is not a family member. They must mention why you are a good candidate to volunteer at Saint Agnes.

Incomplete applications will be returned to the applicant for completion before an interview is scheduled.

The minimum age to volunteer at Saint Agnes is 15.

When the Volunteer Office receives the completed application and required letter of recommendation you will be contacted to schedule an interview. At the interview we will discuss your interests and possible volunteer schedule.

All accepted volunteers must attend a volunteer orientation, complete a T-Spot (tuberculosis screening) & drug screening and pass a criminal background check before volunteering.

Please understand that we cannot verify volunteer hours until you have completed at least 60 hours at Saint Agnes Hospital.

Thanks again for expressing an interest in the Volunteer Program at Saint Agnes. I look forward to meeting you soon.

Sincerely,

Michelle Slafkosky
Manager, Volunteer Services
VOLUNTEER APPLICATION

Ms. 
Mr. 
Mrs. First Last

Home Phone
Cell Phone

Permanent Address

Street City State Zip

Mailing address if living at school:

Street City State Zip

Social Security No. Or National ID No.

Date of Birth

Month Date Year

Email address

We may contact you by email to schedule an interview.

Preferred Communication Language

I am: □ Adult □ College Student □ High School Student □ Mentor/Intern

School currently attending/grade

School Phone Number:

I am interested in volunteering in □ Clinical Program (patient care area) □ Non-clinical (office support)

Do you have specific volunteer interests?

Past volunteer experience Dates

Describe volunteer duties performed

Present employer or volunteer service Phone #

Emergency contact

Name Phone Relationship

~ Continued on Back ~
List two adults, not family members, which may be contacted as personal references:

Name ____________________________  Name ____________________________
Email ____________________________  Email ____________________________
Phone ____________________________  Phone ____________________________

As a volunteer at Saint Agnes Hospital, I agree to:

1. Be punctual and conscientious in the fulfillment of my duties, and if for any reason I am absent I will notify my assigned supervisor and the Volunteer Office.

2. Maintain confidentiality concerning all patients and hospital business.

3. Conduct myself with dignity, courtesy and respect for others.

4. Refer task related questions, concerns or suggestions to my assigned supervisor first, and then to the Manager of Volunteer Services if needed.

5. Comply with standards, policies, and values of Saint Agnes Hospital and the Volunteer Services Department. Adhere to the proper dress code.

I certify the facts in this volunteer application are true and complete to the best of my knowledge. I authorize Volunteer Services to make all relevant inquiries pertaining to my academic, volunteer, employment and personal history.

Thank you for completing this application. The information recorded is confidential. Your signature authorizes reference checks.

Applicant's signature ____________________________  Date ____________________________

Parent/Guardian Signature for applicants under 18 ____________________________  Date ____________________________

Saint Agnes Hospital
Volunteer Services, Box #023
900 Caton Ave., Baltimore MD 21229
667-234-2817

Rev 8/05, 2/06, 9/09,
8/11, 1/13, 7/13, 12/13,
12/15
Volunteer Services Questionnaire

Name ________________________________

1. Are you volunteering to fulfill a school/class requirement or mandatory community service?
   □ YES  □ NO  If yes, how many hours are required? ________________
   What is the required date of completion? ________________

2. Are you a current or former employee or volunteer of Saint Agnes Hospital?
   □ NO    □ YES - □ Employee or □ Volunteer
   □ Current or □ Former

3. Have you previously filed an employment or volunteer application with Saint Agnes Hospital?
   □ NO    □ YES - □ Employee application or □ Volunteer application

4. Have you ever used or been known by any other name?
   □ YES □ NO
   Other name(s): ________________________________________

5. Have you ever been dismissed from any other volunteer program?
   □ YES  □ NO

6. Were you ever terminated or asked to resign from Saint Agnes?
   □ YES □ NO

7. Saint Agnes Hospital is a smoke-free facility.
   Will you be able to comply with this policy?
   □ YES □ NO

Saint Agnes Hospital conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. However, conviction will not necessarily disqualify an applicant from volunteering.

8. Excluding minor traffic offenses, have you ever plead guilty or “no contest” to a crime, or been convicted, or sentenced to probation before judgment, or adjudged not criminally responsible for a crime, such as by an “insanity plea” (including during military service)? Do not include juvenile or expunged offenses.
   □ YES □ NO

~Turn This Page Over~
9. Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

☐ YES ☐ NO

Every new volunteer is required to attend a hospital orientation which is routinely held monthly. Your position at Saint Agnes can not be promised to you if you do not start within one month of attending orientation.

10. Are you able to begin volunteering within one month of attending orientation?

☐ YES ☐ NO

11. Why did you select Saint Agnes Hospital for your volunteer work?

____________________________________________________________________

____________________________________________________________________

12. What would you like to gain from this experience?

____________________________________________________________________

____________________________________________________________________

13. What will Saint Agnes gain from your volunteering?

____________________________________________________________________

____________________________________________________________________

14. Describe any special skills or languages that you feel will be helpful as a volunteer.

____________________________________________________________________

____________________________________________________________________

**Vision Statement**

Patients are our passion.
Our physicians and associates are our pride. Healing is our joy.

We will be widely known for the way our physicians, nurses, and associates combine sophisticated medical technology with spirituality and compassion.

Shoulder-to-shoulder, we stand united in our commitment to care for those in need. We will be a leader in service excellence.

3/21/2017