



## Volunteer Information Form (Application)

**Age of Volunteer\***

- Adult (18 and over)  
 Teen (16-17)

This form may also be completed online at  
[stvincent.formstack.com/forms/pmch\\_volunteer](http://stvincent.formstack.com/forms/pmch_volunteer)

### Personal Information

**Name\***

First Name

Last Name

**Address\***

City

State

ZIP Code

**Date of Birth**

**Email\***

**Phone\***

**Secondary Phone**

### Background Information

**Grade level completed and Major if applicable\***

**Are you currently a student? \***

- Yes  No

**Job Status\***

- Employed  Retired  Student  Looking for Work

**Current or Most Recent Employment. (Name of Company, Job Title, Dates of Employment)**

**Criminal Background History\***

	Yes	No
Have you ever been convicted of or pleaded guilty or no contest to a felony, misdemeanor, or any offense other than a traffic ticket?	<input type="radio"/>	<input type="radio"/>
Are any criminal charges now pending against you that are not yet resolved?	<input type="radio"/>	<input type="radio"/>
Have you ever had a license or certification suspended or revoked?	<input type="radio"/>	<input type="radio"/>
Have you ever been known by another name?	<input type="radio"/>	<input type="radio"/>

**If answered yes to any of the above, please explain.**

A conviction will not necessarily disqualify you from consideration. However, failure to fully disclose will result in immediate denial or termination of volunteer employment.

## Volunteering Information

**Have you ever been employed by St.Vincent or an affiliate? \***

- Yes  No

**How did you learn about Volunteering at St.Vincent? (check all that apply) \***

- |   |   |
|---|---|
| <input type="checkbox"/> Former Patient           | <input type="checkbox"/> Requirement for Class/Degree |
| <input type="checkbox"/> Family of Former Patient | <input type="checkbox"/> Employee                     |
| <input type="checkbox"/> St.Vincent Website       | <input type="checkbox"/> Volunteer                    |
| <input type="checkbox"/> VolunteerMatch           | <input type="checkbox"/> Court Ordered                |
| <input type="checkbox"/> Advertisement            | <input type="checkbox"/> Other                        |

Please rank the following **Hospitals** in order of preference. (1 most desirable and 4 least) \*

	1	2	3	4
Indianapolis 86th Campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peyton Manning Children's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
St. Vincent Women's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
St. Vincent House	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Volunteer Work Objectives (check all that apply) \***

- Learn new skills
- Have fun and relax
- Explore careers
- Make worthwhile use of free time
- Help the community
- Meet and work with people
- Other

**Availability: What type of time commitment are you planning to make if your application is accepted by the Volunteer Department? \***

	Morning (8AM-12PM)	Afternoon (12PM-4PM)	Evening (4PM-8PM)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Abilities (Check all that apply) \***

- Able to walk long distances
- Able to push a wheelchair
- Able to stand for extended periods of time
- Prefer sitting role
- Prefer public/patient contact
- Prefer more non-public/patient setting

**Skills (check any special skills or hobbies or interests you may have)**

- Art
- Caregiving/Visiting patients
- Computer Data entry
- Fundraising
- Leadership
- Mailings
- Public speaking
- Crafts
- Quilting/knitting
- Scrapbooking
- RN(Degree)
- Telephone
- Foreign language
- Other

## Emergency Contact

**Name\***

First Name

Last Name

**Relationship\***

**Address**

City

State

ZIP Code

**Phone\***

**Email\***

**Please list any medical information that may assist us in the event of an emergency?**