



VOLUNTEER APPLICATION

DATE ____/____/____

We appreciate your interest in our volunteer program. Volunteer opportunities vary depending on the age of the volunteer. High School students must complete one summer of volunteering before they are eligible to volunteer during the school year. Minimum age is 16. Please check the appropriate box.

- Adult (non-student; age 18 or older)
 - Currently Working
 - Retired
 - Seeking Employment
 - Other _____
- College Student (18 or older)
Expected Graduation Date _____
- High School Student (age 16-18)

Name _____ Email Address _____
Last First

Phone Numbers: Home _____ Cell _____ Work _____

May we share your telephone number(s) and email address(es) with other Ministry Health Care/Affinity Health System volunteers and/or departments for volunteer scheduling purposes? Telephone Yes No Email Yes No

Mailing Address _____ Birthdate ____/____/____
Number and Street City/State Zip Code

Emergency Contact _____ Daytime Phone _____

Relationship _____ Evening Phone _____

Employer (Present/Last) _____ Date of Employment _____

Occupation _____ Job Duties _____

Have you ever worked for Affinity Health System in the past? Yes No If yes, when? _____

Facility? _____ Department? _____

Education (circle highest year completed) High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Training/Study _____ Current School Attending _____

Are you here to fulfill a school requirement? Yes No If yes, how many hours are required? _____

What is your required date of completion? _____

Have you volunteered for Ministry Health Care/Affinity Health System in the past? Yes No

IF Yes, Please List Along With Previous or Current Volunteer Experience

Agency _____ Dates _____ Duties _____

Agency _____ Dates _____ Duties _____

To help us better know you and further assess your qualifications for a volunteer assignment, please answer the following questions as accurately as possible.

How did you hear about our volunteer program? _____

Please list any friends, relatives or acquaintances employed by or volunteering for Ministry Health Care/Affinity Health System:

Name: _____ Department/Title: _____ Relationship: _____

Name: _____ Department/Title: _____ Relationship: _____

Why do you feel you should be selected to become a volunteer? _____

Do you have any physical or mental disabilities which may limit your ability to perform the essential functions of any volunteer position you may be assigned? Yes No

If yes, please describe what can be done to accommodate these limitations:

Are you applying to fulfill court-ordered community service? Yes No

Have you ever been convicted of a felony, misdemeanor, or other criminal offense or are any criminal charges pending against you? Yes No

If yes, describe in full including date(s): _____

Conviction or pending charges may not automatically disqualify an applicant from consideration for a position. The conviction for the crime will be considered as it relates to the volunteer assignment.

REFERENCES: Must be over age 21, not a relative and able to attest to your character and reliability (i.e., employer, teacher, pastor, counselor).

For teens/students, at least one reference needs to be from a teacher, guidance counselor or professor.

Name _____ Name _____

Email _____ Email _____

Phone _____ Phone _____

Relationship to Applicant _____ Relationship to Applicant _____

AVAILABILITY

How long are you willing to volunteer? 3-6 months 6-12 months 12 months or more

I'm available: Spring (March 1- May 31) Summer (June 1 – August 31)
 Fall (September 1 – November 30) Winter (December 1 – February 28)
 Other: Write in dates __/__/____ through __/__/____

Please check the boxes for the days and times you are most often available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Early Morning (6 -10 a.m.)							
Morning (8 a.m.- Noon)							
Afternoon (Noon – 4 p.m.)							
Evening (4 – 8 p.m.)							

KNOWLEDGE & SKILLS THAT I AM EXPERIENCED WITH AND INTERESTED IN SHARING: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Website updates |
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Newsletter Design |
| <input type="checkbox"/> Faxing | <input type="checkbox"/> Assembling (folders, packets, etc.) |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Errands (on Campus) |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Miscellaneous Projects |
-

VOLUNTEER OPPORTUNITIES

Please check your areas of interest below. *** Not all opportunities are available at all times.*

Please refer to the volunteer opportunities list for detailed information regarding our volunteer assignments.

Information/Way-finding/Wheelchair Transport *(Extensive walking in all)*

- Fremont Information Desk *(Computer use required)*
- Oneida Walk Information Desk *(Computer use required)*
- Patient Registration
- Welcome Center

Salesperson *(Basic cash register – cash handling)*

- Gift Shop
- One Stop

Department Assistance

- Adult Behavioral (Patient & Staff Assistance)
- Cancer Center (Patient, Family & Staff Assistance)
- Children’s Health Center *(Tuesday thru Thursday 5 – 7 p.m. shifts – limited patient contact)*
- Diagnostic Imaging – CT Scanning *(patient contact)*
- Driver Motorized Cart (Guest Transport - competency required)
- Environmental Services (Housekeeping)
- Facilities Services (Maintenance)
- Facilities Services (Yard Maintenance)
- Inpatient Unit - Greeter/Ambassador *(Computer use required-Patient/Visitor contact)*
- Neonatal ICU (NICU) - Family Host (competency required)
- Neonatal ICU (NICU) - Nurturer (competency required)
- Rehabilitation Services - Physical and Occupational Therapy *(Midway or Milky Way) Locations)*
- Surgery - Joint Camp Program *(Limited patient contact)*
- Surgery and Procedure Area (SPA)-*(Patient and family assistance)*

Tour Guide *(Extensive walking)*

- Scripted Tour of St. Elizabeth Hospital Campus for new associates and volunteers
- Scripted Tour of Birthplace for families

- Advance Directives Facilitator/Witness *(Training Provided)*
- Catholic Eucharist Minister *(Eucharist Minister Training is required from your Catholic Parish)*
- Pet Therapy Visits - Volunteer with YOUR certified Pet Therapy Dog
- Volunteer From Home - Knit baby hats for newborns *(Pattern provided – yarn available)*

- Other

IF ACCEPTED AS A MINISTRY HEALTH CARE/AFFINITY HEALTH SYSTEM VOLUNTEER, I AGREE THAT:

1. I shall make every effort to fulfill my commitment to Ministry Health Care/Affinity Health System by completing all assignments that I accept. After a three (3) month orientation period, I agree to be reviewed by the department designee to evaluate if my placement is in the best interest of myself and the department. Once final placement is determined, a minimum time commitment shall be determined. Thereafter, periodic reviews may be completed to evaluate my volunteer performance.
2. I understand that my services are voluntarily donated to Ministry Health Care/Affinity Health System without expectation of compensation or future employment.
3. I understand that a Criminal and Health Care Background check, a Health Care Sanction check and information received from this application will be used for determining my eligibility for volunteering. I will submit to the required health screenings which may include a two step TB skin test, chest x-rays and a MMR Titer test. I authorize any screening required by Ministry Health Care/Affinity Health System and understand my volunteer assignment is contingent upon successful completion of all screenings.
4. I understand and agree to comply with the policy of Ministry Health Care/Affinity Health System which requires seasonal influenza immunization on an annual basis to all associates/volunteers in accordance with the Center for Disease Control and Prevention (CDC) guidelines.
5. I agree to attend periodic in-services. Federal and health care accreditation agencies require in-services for all volunteers to maintain consistent performance levels. These in-services provide training, updates, and interaction with department staff.
6. I shall, at all times, uphold the mission, values and standards of behavior for Ministry Health Care/Affinity Health System and the Volunteer Services Department.
7. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with policies, rules and regulations
 - Three (3) or more unexcused absences (*An unexcused absence would occur if I do not call or simply do not show up for my shift. I understand that a 24-hour advance of my unavailability is expected if at all possible.*)
 - Unsatisfactory attitude, work or appearance
 - Any other circumstances which, in the judgment of the department manager, would make my continued services as a volunteer contrary to the best interests of Ministry Health Care/Affinity Health System.
8. I release from any and all liability all representatives of Ministry Health Care/Affinity Health System for their acts performed in good faith and without malice in connection with evaluating my volunteer application. I further authorize any party having information bearing upon my qualifications to release such information to Ministry Health Care/Affinity Health System and also release any party from liability in sharing this information with Ministry Health Care/Affinity Health System. I also authorize Ministry Health Care/Affinity Health System to release similar information to prospective employers.
9. I have reviewed, understand and agree to the above conditions.

I certify that my statements in this application are true and complete and I authorize investigation of the statements I have made. I understand that falsification of this application constitutes grounds for rejection or termination from the volunteer program. I also agree to abide by the statements listed above.

Signature _____ Date _____

Opportunities for volunteers within Ministry Health Care/Affinity Health System are provided without regard to age, race, religion, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, military reserve status and any other unlawful basis.

Please return your completed Volunteer Application.

Fax: 920.831.8938

Email: seh.volunteer.svcs@affinityhealth.org

Mail or Hand Deliver to: St. Elizabeth Hospital, Volunteer Services, 1506 S Oneida Street, Appleton, WI 54915

For questions please call the Volunteer Services department 920.738.2425

Once your application is received, you will be contacted regarding your interests.