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| PERSONAL INFORMATION: (Please print clearly) | | | |
| Legal Name (Last, First, Middle Initial) | | | Last 4 Digits of SS # : |
| Street Address: | | | |
| City: | | State: | Zip Code: |
| Home Phone: | Work Phone: | Email: | |
| Cell Phone: | Are you over 15 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been a volunteer for St. Vincent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Location(s): _____ FROM: _____ TO: _____ | | | |
| Have you ever been employed by St. Vincent or an affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates: FROM: _____ TO: _____ | | | |
| HOW DID YOU LEARN ABOUT VOLUNTEERING AT ST. VINCENT? (Check all that apply) | | | |
| <input type="checkbox"/> I am a former patient | | <input type="checkbox"/> Court ordered community service | |
| <input type="checkbox"/> I am family of a former patient | | <input type="checkbox"/> Volunteer fair (Name/Location) _____ | |
| <input type="checkbox"/> St. Vincent Website | | <input type="checkbox"/> Employee (Name) _____ | |
| <input type="checkbox"/> Promotional material/Advertisement | | <input type="checkbox"/> Volunteer (Name) _____ | |
| <input type="checkbox"/> Requirement for class/degree/graduation | | <input type="checkbox"/> Other (Please specify) _____ | |
| AT WHICH CAMPUS WOULD YOU LIKE TO VOLUNTEER? | | | |
| <input type="checkbox"/> Main Campus on 86th Street <input type="checkbox"/> St. Vincent Women's Hospital <input type="checkbox"/> St. Vincent Medical Center Northeast | | | |
| EDUCATION: | | | |
| Please circle the last grade you completed: | | | |
| High School: 1 2 3 4 | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED | |
| College: 1 2 3 4 | | Major: _____ | |
| Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list school: School: _____ City: _____ State: _____ | | | |
| EMERGENCY CONTACT INFORMATION: | | | |
| Please list one person we should contact in an emergency: | | | |
| Name of Contact | Relationship | Address | Phone |
| | | | |
| Please list any medical information that may assist us in the event of an emergency: | | | |

CRIMINAL BACKGROUND HISTORY:

Have you ever been convicted of or pleaded guilty or no contest to a felony, midemeanor, or any offense other than a minor traffic violation? Yes No

Are any criminal charges now pending against you that are not yet resolved? Yes No

Have you ever had a license or certification suspended or revoked? Yes No

Have you ever been known by another name? Yes No

If you answered yes to any of these questions, please explain:

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

CURRENT OR MOST RECENT EMPLOYMENT:

| | | | |
|------------------|------------|---------------------|-----------------|
| Name of Company: | Job Title: | Dates of Employment | May we contact? |
|------------------|------------|---------------------|-----------------|

| | | |
|----------|---------------------|-------------------------|
| Address: | City, State, & Zip: | Phone (with area code): |
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PLEASE READ CAREFULLY AND SIGN

I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during, or after I begin my position as a volunteer may lead to my termination.

I hereby authorize St. Vincent Hospital/St. Vincent Volunteer Services to verify, obtain copies of records, and gather any information pertaining to my submitting a volunteer application with St. Vincent Hospital/St. Vincent Volunteer Services. My signature on this application authorizes St. Vincent Hospital/St. Vincent Volunteer Services to request written verification as needed.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies, and procedures. This includes, but is not limited to, those which relate to confidentiality, employment, and universal precautions.

I understand my volunteer position with St. Vincent Hospital/St. Vincent Volunteer Services means volunteering at St. Vincent's discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of St. Vincent Hospital/St. Vincent Volunteer Services or myself. I release those who provide information to St. Vincent Hospital/St. Vincent Volunteer Services from any and all liability for doing so. I also understand that any information acquired may be disclosed to supervisory personnel within the company, and/or others who, in the sole judgment of St. Vincent Hospital/St. Vincent Volunteer Services, may have a legitimate interest in such information.

Applicant's Signature: _____ Date: _____

PARENTAL/GUARDIAN PERMISSION REQUIRED for volunteers under 18 years of age. I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with St. Vincent Hospital/St. Vincent Volunteer Services.

Parent/Guardian Signature: _____ Date: _____

Please mail completed application to:
St. Vincent Indianapolis Hospital
Volunteer Services
2001 W. 86th Street
Indianapolis, IN 46260
Phone: (317) 338-2268 Fax: (317) 338-9711