

*Volunteers ...
The Priceless Gift*

Volunteer Application

Attn: Rita L. Raffaele, Manager, Volunteer Services
3635 Vista Ave. at Grand
St. Louis, MO 63110-0250
(314) 577-8030
Fax: (314) 268-5579

We consider applications for all volunteer positions without regard to sex, age, race, color, religious creed, national origin, ancestry, marital status, sexual orientation, or disability. We reserve the right to assign individuals according to available positions, department need and volunteer's ability to perform tasks.

PLEASE PRINT

***denotes required information to conduct a background check on all applicants 18 years and older**

Name _____			
Last	First	Initial	Today's Date

Home Address	City	State	Zip Code

Campus Address (if applicable)	City	State	Zip Code

Email Address	*Social Security #	*Date of Birth	
(____) _____	(____) _____	(____) _____	
Home Phone #	Campus Phone # (if applicable)	Cell Phone #	

Emergency Contact/Relationship	(____) _____	(____) _____	
	Their Home Phone #	Their Work Phone #	

EMPLOYMENT

Current Employer _____ Position _____

(____) _____ May we contact you at work? YES/NO

Phone #

EDUCATION

Highest grade/ degree completed _____ School _____

Name/Location

Currently a student at _____ Graduating in _____

Course of study/special skills _____

Previous volunteer experience, where and when? _____

How did you become interested in our program? _____

Preferred area(s) of service _____

Days and times you are available to volunteer _____

Are you required to provide volunteer service for any reason? If so, why? _____

Have you ever been convicted of a crime other than a minor traffic violation? YES / NO

Is there any reason that you would not be able to fulfill the volunteer duties assigned to you? If so, please specify _____

My signature below indicates my agreement to respect and abide by the rules and policies for volunteers at Saint Louis University Hospital, and my willingness to carry out assigned duties under procedures established by the hospital. The information I have disclosed on this application is true, and I authorize Saint Louis University Hospital Volunteer Office to verify this information and contact stated references and employers at their discretion.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Interview date _____ Interviewer _____

Notes _____

Department _____ Day(s) _____ Time(s) _____

Orientation date _____ Start date _____

Volunteer status Adult _____ Pre-Med _____ Junior _____ (age 16 to 18)