Saint Louis University Hospital

YOU ARE SPECIAL WE ARE SPECIALISTS

VOLUNTEER APPLICATION

Attn: Pamela Wolf
3635 Vista Avenue at Grand
St. Louis, MO 63110-0250
Office: 314-577-8127
Fax: 314-268-5100

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 information required 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 _____

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 _____ Pre-Med _____ Junior _____(age 16 to 18)