



St. Mary's Medical Center

St. Mary's Medical Center
Volunteer Services
201 NW R. D. Mize Road
Blue Springs, MO 64014
Phone: 816-655-5362
Fax: 816-655-5408

Volunteer Services Application – Adults (18+)

Applicants are asked to commit to volunteer a minimum of 6 months, once a week, for 4 hours at a time. Please contact Katherine Brown, 816-655-5362 or kbrown71@primehealthcare.com, if you have questions.

Applicant Information

Date _____

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail Address _____

Birth date ____/____/____ Gender _____ SS# _____ - _____ - _____

Emergency Contact Name _____

Relationship to Applicant _____ Phone Number _____

Employer Information Present Employer Previous Retired

Employer Name _____

Your Job Title _____

City and State _____

Work e-mail address (if applicable) _____ Phone Number _____

Education

Please circle the last grade completed: 8 9 10 11 12 13 14 15 16 +

Name/City of High School _____

Name/City of College _____

Other training, skills, classes, computer experience _____

Previous Volunteer Experience

Organization _____

City/State _____ Phone _____

Supervisor _____ Dates Volunteered _____

Please describe your work _____

References: Please list two personal references that are not relatives.

Name _____ Name _____

Relationship _____ Relationship _____

Daytime Phone _____ Daytime Phone _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please describe the nature of the offense and the punishment you received. _____

List any relatives employed by St. Mary’s Medical Center _____

What volunteer service interests you? (These are list of some of the volunteer positions at St. Mary’s Medical Center. Please place an “X” in the blank by all that interest you, if you have an idea for sharing your talents that will help meet the needs of our patients.) Please feel free to write in #10. Items 1-6 are our most pressing needs.

- _____ 1. Info Desk
- _____ 2. Transport
- _____ 3. Gift Shop
- _____ 4. Mail Courier
- _____ 5. Surgery Waiting Room
- _____ 6. Surgical Center Waiting Room
- _____ 7. Human Resources
- _____ 8. Medical Records
- _____ 9. Spiritual Care
- _____ 10. Do you have an idea for sharing your talents what will help meet the needs of our patients? If so, please write it here: _____

Preferred day of the week to volunteer: _____

Shift Preference _____ **8:00 A.M.-1:00 P.M.** _____ **1:00 P.M.-5:00 P.M.** _____ **Other**

AUTHORIZATION AND ACKNOWLEDGEMENT: I affirm the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the Volunteer Services program. I understand this application does not guarantee a volunteer placement at St. Mary’s Medical Center. If accepted, I understand that as a volunteer who performs hours of service, there is no promise, expectation now, nor ever will be any compensation for services rendered.

I authorize representatives of Prime Health Care to contact any of my schools, former employers, law enforcement authorities or other references to provide applicable information relevant to a volunteer position. I authorize representatives of Prime Health Care to obtain a criminal background report and/or a motor vehicle driving record report and understand this consent is valid for the duration of my volunteer service. I release Prime Health Care as well as any schools, employers, law enforcement authorities, or other references from any liability as a result of their verification process.

Applicant Signature _____ Date _____