



# VOLUNTEER SERVICES APPLICATION

APPLICANTS 18 YEARS OF AGE AND OLDER

# WELCOME TO SJH VOLUNTEER PROGRAM

Thank you for your interest in volunteering at St. John's Health (SJH). Below is a list of items and actions that need to be completed and submitted prior to you starting to volunteer at SJH.

Completion of Application, Interview and Orientation Process

Online Background Check: <https://sjmc.quickapp.pro/apply/applicant/new/3220>

Drug Screening and Immunizations

As a Volunteer, you are required to complete a drug screen and provide proof of immunity to various transmissible diseases before you begin. Please call our Scheduling Department at [307-739-7531](tel:307-739-7531) to make an appointment with our Lab. At least 7 days prior to your appointment, please email your immunization records or bring them to the Volunteer Services Department. Your records will be reviewed, and any additional titers needed to confirm immunity will be ordered and added to your lab appointment. The following is reviewed in your vaccination records:

**TB:** either a Quantiferon blood test of two PPDs performed within 2 weeks of each other. If you don't have either of these within the past 12 months, you can get the blood test done here.

**MMR:** record of at least 2 vaccinations, or titer

**Varicella:** record of at least 2 vaccinations, or titer

**Hep B:** series of 3 vaccinations or a declination statement

**Tdap:** record of vaccination within last 10 years

**Current Flu Shot:** mandatory during flu season November-April

**COVID:** mandatory initial series and any required boosters

If you do not have your immunization records, please check with your doctor or the Department of Health as both should be able to provide you with a copy.

Please let us know if you have any questions and welcome to St. John's Health Volunteer Program!

Thank you,

Katie Davis  
Volunteer Department



## SJH VOLUNTEER APPLICATION CHECKLIST

- \_\_\_\_\_ Complete and return application to the Volunteer Services Department.
- \_\_\_\_\_ Complete Volunteer Services Department interview.
- \_\_\_\_\_ Background check will be performed by SJH.
- \_\_\_\_\_ Submit vaccination record (including COVID) to Volunteer Department.
- \_\_\_\_\_ Complete all required lab work: TB test, drug screen. Please call 739-7531 to make appointment and let Volunteer Office know date and time so that lab order can be processed correctly
- \_\_\_\_\_ Flu Shot (Required Nov.-March).
- \_\_\_\_\_ Volunteer orientation (approx. 1.5 hours) and paperwork completed. Your hospital ID badge will also be processed at this time.
- \_\_\_\_\_ Volunteer position specific training and paperwork completed.

Keep this check list handy as you complete the volunteer application process.



# ST. JOHN'S HEALTH VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Date of this Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

## EDUCATION

\_\_\_\_\_ High School      \_\_\_\_\_ College      \_\_\_\_\_ Post Graduate

Degree and School Attended \_\_\_\_\_

Are you a current student?    \_\_\_ Yes    \_\_\_ No    Expected grad. date \_\_\_\_\_

Are you a year-round resident?    \_\_\_ Yes    \_\_\_ No

If not, what months are you available? \_\_\_\_\_

Mailing Address of 2<sup>nd</sup> Residence \_\_\_\_\_

## WORK STATUS

\_\_\_ Employed      \_\_\_ Retired      \_\_\_ Unemployed

Current or last place of employment \_\_\_\_\_



**IN AN EMERGENCY PLEASE NOTIFY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Have you ever applied or been a SJH Volunteer before?**     \_\_\_Yes   \_\_\_No

If yes, where \_\_\_\_\_ Years of Service \_\_\_\_\_

**Are there any work activities or conditions you must avoid?** \_\_\_Yes   \_\_\_No

If yes, please describe \_\_\_\_\_

**What do you hope to gain from your volunteer experience?**

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**Please list past or current volunteer experience:**

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**What about the healthcare setting is appealing to you?**

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**How did you hear about the volunteer program?**



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## PERSONAL REFERENCES

*Please provide complete names, addresses, and contact numbers of references. Provide the names of two employers, supervisors, teachers, or work-related colleagues who have known you for at least one year. References should not be related to you or live at the same address. To process your application, reference information must be complete.*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Years Acquainted \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Years Acquainted \_\_\_\_\_

### **In which areas are you most interested in volunteering?**

- |                              |                             |
|------------------------------|-----------------------------|
| Patient Care _____           | Music and Healing _____     |
| Sage Living _____            | Certified Pet Partner _____ |
| Administrative Support _____ | No preference _____         |
| Spiritual Care _____         |                             |
| Healing Touch _____          |                             |
| Hospice Care _____           |                             |

**Please list your gifts/talents/skills you can offer:**



## AUTHORIZATION AND RELEASE

**Please read each statement carefully before signing.**

I authorize St. John's Health (SJH) to obtain relevant information regarding my background, including, but not limited to: a check with my current and previous employers (excluding any that I have specifically excluded above), schools, licensing and certifying agencies, people and organizations named in this application and any accompanying documentation I provide, as well as a criminal background check. I expressly release from liability all individuals and organizations that provide information about my employment and background to St. John's Health.

**Acceptance for volunteer service is subject to:**

- Satisfactory reference and medical screening reports
- Personal interview with the Volunteer Services Department as required
- Timely return of all required paperwork and testing
- Willingness to take a two-hour orientation prior to starting your volunteer service
- Willingness to abide by all SJH requirements and regulations
- The Volunteer Services program requires a minimum of 1 year of service and a minimum of 40 hours within that year

I understand that St. John's Health is not obligated to provide placement, nor am I obligated to accept the position offered. To the best of my knowledge the information provided in my application is true and complete. I understand that any misrepresentations or omissions of facts shall be considered sufficient cause for dismissal. I also understand the commitment that is being asked of me, and if I cannot fulfill my obligation of one year of service, I will help reimburse the hospital the cost of orientation and testing, amount to be determined by the Volunteer Services Department.

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Signature of Applicant

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Date

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Printed Name



Please complete and return this form when you return for your interview. To schedule an interview, please call Volunteer Services Department at 739-7541, or e-mail to [volunteer@stjohns.health](mailto:volunteer@stjohns.health).

## DRUG FREE WORKPLACE

### VOLUNTEER APPLICANT | DRUG TESTING CONSENT FORM

I understand that St. John's Health has a policy against the possession, use, sale or transfer of illegal drugs by its employment applicants, volunteers and employees. I further understand that St. John's Health is committed to a drug free workplace and workforce and has adopted a drug-testing program as one method of implementing that policy.

I hereby consent to the taking of a urine sample by St. John's Health, or its agent, for purposes of the above drug testing program and to the testing of samples by any drug testing laboratory designated by St. John's Health. I hereby further consent to the release of the drug test results from the laboratory to the Human Resources Department and Volunteer Services Department of St. John's Health.

If I should refuse to participate, or should the test results be confirmed positive, and no acceptable explanation is provided, St. John's Health will rescind the applicant's volunteer offer. I understand that failure to submit to a test or tampering with the specimen will be considered a positive result.

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Signature of Applicant

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Date

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Print Name

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Address





# ST. JOHN'S HEALTH VOLUNTEER CODE OF ETHICS

Understanding that SJH has a need for my services as a volunteer:

I will abide by the policies & guidelines of St. John's Health.

I will complete the required Rubella Titer, Measles Titer, TB skin test, background screening, and drug screen in a timely manner.

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider as **confidential** all information that I may hear directly, or indirectly, concerning a patient, doctor, or any member of personnel.

I will seek no information regarding a patient.

I will take any concerns, criticisms, or suggestions to the Volunteer Services Department.

I will endeavor to make my work of the highest quality.

I will not discuss any personal problems with the patients, nor carry my patient relationship outside of SJH walls.

I will establish a dignified relationship with SJH staff and patients.

I will uphold the standard and traditions of SJH and will interpret them to the community at large.

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Signature

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Date

