

# Sharon Regional Health System

A STEWARD FAMILY HOSPITAL

**Volunteer Services | Michelle Schmader, Coordinator**

740 East State Street | Sharon, PA 16146 | 724-983-5441 | [michelle.schmader@steward.org](mailto:michelle.schmader@steward.org)

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Dear Interested Volunteer,

Congratulations on taking the first step in becoming a volunteer at Sharon Regional Health System! Being a volunteer is one of the most rewarding experiences in life. At Sharon Regional, our volunteers are a significant part of the health care team. They serve in many departments throughout the hospital. Generally, a minimum of a once a week commitment is preferred, although some short-term assignments may be available.

We greatly appreciate your interest in helping others and will try to find an assignment that meets your needs and supports the staff and patients at Sharon Regional.

Please complete the enclosed application. After I receive your completed application I will call you to set up an interview that is convenient for your schedule. We will review your application and discuss the various positions that may be available. This process allows us a chance to get to know one another and to discuss the experience you are seeking, and the volunteer commitment you can make to the hospital.

I have also enclosed a cover letter and reference letter for you to give to a professional reference to complete and return to me. Please note, we do not accept references from family, friends, or neighbors.

I look forward to meeting with you to discuss your opportunities to serve as a volunteer at Sharon Regional. We greatly appreciate your interest in becoming part of the Sharon Regional Health System team! Please call me at 724-983-5441 if you have any questions.

Respectfully,



**Michelle Schmader**  
*Volunteer Services Coordinator*



## Adult Volunteer Services Application

Application Date: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Photo Copy  Yes  No

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Do you speak a foreign language?  No  Yes (If yes, please list) \_\_\_\_\_

### Emergency Information

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Volunteer Interest Questions

Why are you interested in volunteering?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, skills, and interests? \_\_\_\_\_

\_\_\_\_\_

Are you currently a member of any community clubs or organizations?  No  Yes

(If yes, please list.) \_\_\_\_\_

\_\_\_\_\_

What is your prior volunteer experience? \_\_\_\_\_

Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? \_\_\_ No \_\_\_ Yes (If yes, please describe the service requirements)

Service Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is there anything that may adversely affect your ability to perform volunteer duties? \_\_\_ No \_\_\_ Yes  
If yes, please describe in detail \_\_\_\_\_

Are there any accommodations needed in order for you to safely and competently perform volunteer duties?

Are you physically able to transport patients in a wheelchair? \_\_\_ Yes \_\_\_ No

Please check all areas that you are interested in working in within the hospital:

- |  |  |
|--|--|
| <input type="checkbox"/> Admitting/Discharge               | <input type="checkbox"/> Cardio-Pulmonary                  |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> Emergency Department Waiting Room |
| <input type="checkbox"/> Escort                            | <input type="checkbox"/> Greeter                           |
| <input type="checkbox"/> Information Desk                  | <input type="checkbox"/> Marketing                         |
| <input type="checkbox"/> Patient Floors (patient advocate) | <input type="checkbox"/> Patient Satisfaction Improvement  |
| <input type="checkbox"/> Special Events                    | <input type="checkbox"/> Committees                        |

### Education and Work Experience

Education: Check highest level

High School: \_\_\_9 \_\_\_10 \_\_\_11 \_\_\_12

Name and State: \_\_\_\_\_

If under 18, please list your primary interest of study/career goals: \_\_\_\_\_

College: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 Graduate School: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4

College Name: \_\_\_\_\_ Graduate School Name: \_\_\_\_\_  
Degree/Major: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

### Work Experience:

Have you ever worked at a hospital? \_\_\_Yes \_\_\_No

Last Place of Employment - if any: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### References

Please include references for any current or former job supervisors, teachers, or clergy.  
Family members, relatives, and friends may not provide recommendations.

Reference 1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

### Other

Have you ever been convicted or entered guilty/no contest to a felony? \_\_\_Yes \_\_\_No

Have you ever been convicted of or entered guilty/no contest to a misdemeanor? \_\_\_Yes \_\_\_No

If you answered "Yes" to either question, please describe the conviction(s) in detail, including dates.

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How did you hear about Sharon Regional's Volunteer Program? \_\_\_\_\_

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When can you begin volunteering? \_\_\_\_\_

Check when you wish to volunteer. Please choose a 4 hour shift (8 a.m.-12 p.m., 12-4 p.m.)

\_\_\_\_\_ Monday \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_

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### **Certification and Authorization**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules, and regulations of the Hospital.

I authorize Sharon Regional Health System to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools, or individuals from all liability in responding to inquiries relating to my volunteer application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Volunteer Services | Michelle Schmader, Coordinator

740 East State Street | Sharon, PA 16146 | 724-983-5441 | [michelle.schmader@steward.org](mailto:michelle.schmader@steward.org)

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To Whom It May Concern,

Volunteers are highly valued at Sharon Regional Health System as they help to support and enhance our services. Volunteers provide a valuable service to the hospital and in return, are given the chance to meet new people, observe the many health care career opportunities, and to learn new skills.

The Health System has set certain standards that volunteers must follow, which include dependability, punctuality, confidentiality, dignified conduct, and the ability to follow policies and procedures that ensure the safety of patients and employees. We feel that volunteering at Sharon Regional is a privilege and requires a serious commitment of time from dedicated, mature volunteers. Please consider this as you complete the attached reference letter on behalf of this applicant.

We ask that you please complete the attached reference letter on behalf of this individual whom is applying for the Volunteer Program at Sharon Regional. All information will be kept in strict confidence and will be used in conjunction with other information we receive to determine this applicant's suitability to our volunteer program.

We appreciate your cooperation in completing this reference letter.

Sincerely,





### Volunteer Reference Letter

Volunteer Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

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2. Do you place full confidence in the applicant's integrity and intentions to volunteer?

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3. To your knowledge, has the applicant experienced any disciplinary problems? \_\_\_\_No \_\_\_\_Yes  
If yes, please explain.

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4. In which setting do you believe the applicant would be most effective?

Working with people (either staff, volunteers or patients) \_\_\_\_\_

Working alone (in a less people oriented setting) \_\_\_\_\_

Please explain:

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5. Do you have confidence that the volunteer will (Please check yes or no for each):

Adhere to the established organizational confidentiality guidelines \_\_\_\_Yes \_\_\_\_No

Treat everyone with compassion, respect and dignity \_\_\_\_Yes \_\_\_\_No

Consistently project a professional appearance \_\_\_\_Yes \_\_\_\_No

Be dependable and punctual \_\_\_\_Yes \_\_\_\_No

Complete all assigned tasks to the best of their ability \_\_\_\_Yes \_\_\_\_No

6. Would you recommend the applicant for volunteer services? \_\_\_\_\_Yes \_\_\_\_\_No

7. Additional Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed reference letter to:**

Sharon Regional Health System  
Attn: Michelle Schmader, Box 21  
740 East State Street, Sharon, PA 16146  
Email: [michelle.schmader@steward.org](mailto:michelle.schmader@steward.org)  
Fax: 724-983-3896