

Dear Prospective Volunteer:

Thank you for your interest in St. Joseph Medical Center. We hope to have you join the ranks of our volunteer family, providing services that assist in the care and well-being of patients, their families and our hospital team as a whole.

Volunteering at St. Joseph has great benefits for you – including providing an opportunity to help others, keeping you active, fostering a supportive environment to make new friends and stay engaged with the community. In addition, we provide you with:

- A complimentary meal for each four-hour shift
- Free parking in one of our garages
- Hospital-supplied uniform: Men – polo shirt; Women – choice of smock or polo
- Appreciation breakfasts, luncheons and other events

Our **Adult Volunteers** must be 18 years or older. Although we prefer you to volunteer for four hours at a time, we will work with you to find something that accommodates your schedule and our needs. We are happy to work with the schedule of college students but ask that you commit to a minimum of 60 hours (4 hours per week) of volunteer duties.

In addition to a criminal background check performed by an outside agency, a tuberculosis (TB) skin test and a drug screen are required by the hospital at no cost to you. Once we receive your application, we will contact you to schedule an interview. Please note that not all volunteer applicants will be interviewed or accepted into the program. If accepted, we will conduct a criminal background check and schedule the two additional tests. Once all the results are received, you'll be on your way to becoming a St. Joseph Volunteer and the orientation process can begin!

Please complete the attached application. There are multiple ways to submit your application:

1. Scan and email to sjmc.hr@steward.org. For more information, call 713-756-5346.
2. Drop off application at: 1919 LaBranch Houston, TX 77002– Ground Floor Human Resources department
3. Mail to:
St. Joseph Medical Center
Human Resources Department
1401 St. Joseph Parkway, Houston, TX 77002

Please allow at least 10 business days to process your paperwork and background check before requesting an application status update.

We look forward to hearing from you soon.

St. Joseph Medical Center
Human Resources Department / Volunteer Services
713-756-5346

VOLUNTEER APPLICATION

St. Joseph Medical Center
1401 St. Joseph Parkway, Houston, TX 77002

NAME _____ DATE _____

Date of Birth _____ Social Security # _____ Male Female

Home Address _____

City/State/Zip _____

Cell Phone _____ Home Phone _____ E-mail _____

Employer _____ Occupation _____

Business Address _____

Shirt/Blouse Size (Please circle) S M L XL XXL Other _____

Education/Special Training _____ College Attending _____

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Do you have any condition that may limit your ability as a volunteer? Yes No

(If yes, please explain) _____

How did you hear about our volunteer program? _____

Have you volunteered previously? If so, where? _____

Contact person at former location _____ Phone _____

What day(s) and time(s) are you available to volunteer? Place a check mark in available time slots:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8am – 12pm	<input type="checkbox"/> 8am – 12pm	<input type="checkbox"/> 8am – 12pm	<input type="checkbox"/> 8am – 12pm	<input type="checkbox"/> 8am – 12pm
<input type="checkbox"/> 10am – 2pm	<input type="checkbox"/> 10am – 2pm	<input type="checkbox"/> 10am – 2pm	<input type="checkbox"/> 10am – 2pm	<input type="checkbox"/> 10am – 2pm
<input type="checkbox"/> 12pm – 4pm	<input type="checkbox"/> 12pm – 4pm	<input type="checkbox"/> 12pm – 4pm	<input type="checkbox"/> 12pm – 4pm	<input type="checkbox"/> 12pm – 4pm
<input type="checkbox"/> 2pm – 6pm	<input type="checkbox"/> 2pm – 6pm	<input type="checkbox"/> 2pm – 6pm	<input type="checkbox"/> 2pm – 6pm	<input type="checkbox"/> 2pm – 6pm

Volunteers are placed according to hospital need; however, most volunteers typically help in one of the following capacities:

- Administrative (Data entry, answering phones, filing, scanning) - **Can be in office or clinical setting*
- Greeter (Concierge Desks, Waiting Areas)
- Special events (Hospital and community)
- Visiting patients (Delivering communion, room rounding)
- General (Organizing magazines, refilling literature racks, making coffee, etc.)
- Mentor (Help to recruit and train new volunteers)

I speak, write, read the following foreign languages _____

Two References, excluding relatives:

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY CONTACT _____ Phone _____

CONVICTION RECORD

Have you ever been convicted of, or have you ever entered a plea of guilty, no contest or nolo contendere to a misdemeanor or felony offense? ___Yes ___No

If yes, please indicate the crime, the date of conviction or other disposition and the location where the conviction or other disposition occurred (Answering "yes" will not necessarily disqualify an applicant for acceptance into this program.)

CRIME _____ DATE _____

City/State/County _____

READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby authorize St. Joseph Medical Center to conduct an investigation concerning all statements contained in my volunteer application, to interview any and all references, and to conduct any other investigation St. Joseph Medical Center deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish St. Joseph Medical Center with all information pertaining to me regarding arrests for which convictions were obtained, and I hereby release St. Joseph Medical Center and such law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of the information obtained during such an investigation.

The information given above is complete and correct to the best of my knowledge. I understand that I am applying for a volunteer position and that the references which I have given may be contacted. Should I be accepted as a Volunteer at St. Joseph Medical Center, I am aware that I will be expected to abide by the guidelines and policies of St. Joseph Medical Center and the SJMC Volunteer Services Department and will carry out my duties as assigned in a professional manner. I understand that if I don't abide by the guides and policies I will be dismissed from my volunteer duties indefinitely. I understand that I am giving voluntary services with no expectations of financial gain. I will be responsibility to ask questions and to indicate when I feel my knowledge and/or skills are not adequate to perform my service, so that instructions can be provided. If I am unable to report for my assigned duty, I fully understand that it is my responsibility to notify in advance the SJCM Volunteer Director at 713-757-7556.

Volunteer Signature Date

PHOTO RELEASE

As a Volunteer at St. Joseph Medical Center, I realize that my image may be taken at hospital celebrations and other media events. I give my permission to the Director of Volunteer Services and the Director of Marketing to use my image in any appropriate and related materials that will promote or otherwise publicize the hospital.

Name Date