

Sharon Regional Medical Center

A STEWARD FAMILY HOSPITAL



Volunteer Services | Marta Cimino, Coordinator

740 East State Street | Sharon, PA 16146 | 724-983-3805 | marta.cimino@steward.org

Dear Interested Volunteer,

Congratulations on taking the first step in becoming a volunteer at Sharon Regional Medical Center! 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 Medical Center team! Please call me at 724-983-3805 if you have any questions.

Respectfully,



Marta Cimino

Volunteer Services Coordinator

Sharon Regional Medical Center

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Adult Volunteer Services Application

Application Date: _____

Personal Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Photo Copy: _____ No _____ Yes

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? _____ No _____ Yes

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 Committees |
| <input type="checkbox"/> Special Events | |

Emergency Information

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: _____ Grad School Name: _____

Degree/Major: _____ Degree/Major: _____

Work Experience

Have you ever worked at a hospital? _____ No _____ Yes

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: _____

References

Have you ever been convicted or entered guilty/no contest to a felony? _____ No _____ Yes

Have you ever been convicted or entered guilty/no contest to a misdemeanor? _____ No _____ Yes

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

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

When can you begin volunteering? _____

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

_____ Monday _____ to _____
_____ Tuesday _____ to _____
_____ Wednesday _____ to _____
_____ Thursday _____ to _____
_____ Friday _____ to _____
_____ Saturday _____ to _____
_____ Sunday _____ to _____

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 Medical Center 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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To Whom It May Concern,

Volunteers are highly valued at Sharon Regional Medical Center 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 Medical Center 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,



Marta Cimino

Volunteer Services Coordinator

Volunteer Reference Letter

Volunteer Applicant Name: _____ Date: _____

Reference Name: _____ Contact Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

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: _____

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

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

Would you recommend the applicant for volunteer services? _____ Yes _____ No

Additional Comments: _____

Signature: _____ Date: _____

Please return this completed reference letter to: Sharon Regional Medical Center Attn: Marta Cimino, Box 19
740 East State Street, Sharon, PA 16148 | Email: marta.cimino@steward.org | Fax: 724-983-3896