



St. Joseph's Hospital
and Medical Center

CHW

350 W. Thomas Road
Phoenix, AZ 85013
Phone: (602) 406-3020
Fax: (602) 406-7162
Email: Pamela.Baker003@chw.edu

Adult Volunteer Service Application

Application Date: _____

Please tell us about yourself

Name: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: () _____ Work/Cell Phone: () _____
Email: _____ Social Security Number: _____ - _____ - _____

Please tell us about your experience

Current Employer: _____ Dates: _____
Job Title and Duties: _____ _____
Previous Employer and Duties: _____ _____
Past Volunteer Experience: _____ _____
Other Education, Training, Qualifications and/or Skills: _____ _____

Please give us some additional information

Why have you chosen to volunteer at St. Joseph's Hospital & Medical Center: _____ _____
Where would you like to volunteer? _____
From time to time, St. Joseph's Hospital & Medical Center volunteers would be required to do one or more of the following: <ul style="list-style-type: none">• to lift, push or pull 25 pounds• to stand for long periods of time• to walk for long periods of time
As a volunteer, would you be able to perform the above responsibilities without restrictions? No <input type="radio"/> Yes <input type="radio"/>
If no, please explain: _____

Please check (x) the best times for you to volunteer

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

Please list two (2) references

1) Name: _____ Phone: () _____ Address: _____ City/State: _____ Zip: _____ Email Address: _____ Relationship to you: _____
2) Name: _____ Phone: () _____ Address: _____ City/State: _____ Zip: _____ Email Address: _____ Relationship to you: _____

In Case of Emergency, please contact the following: Name: _____ Relationship: _____ Phone number: _____

I hereby certify that all information provided in this application is true and accurate and that any misrepresentations, falsifications or omissions may result in exclusion from further consideration for the Volunteer Services Program. I understand that St. Joseph's Hospital & Medical Center has a vital interest in maintaining safe, healthy and efficient working conditions for its volunteers, employees, customers and patients. As a result, all individuals who are accepted into the Volunteer Services Program will be required to successfully complete a background investigation including a criminal records check and a post-acceptance employee health assessment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Finally, I hereby understand that any information involving my qualifications, performance, credentials or other factors may be reviewed and affect my consideration for the Volunteer Service Program with St. Joseph's Hospital & Medical center. I agree not to file or pursue any complaints, claims or legal actions against St. Joseph's Hospital & Medical Center or any of its employees, representatives or agents arising out of their efforts to obtain work related information about me.

X _____ *Signature*

For St. Joseph's Volunteer Services Use Only	
Name of Interviewer _____	Date _____
Notes: _____	

