OSF Saint Katharine Volunteer Services Application

Name		Today's Date			
Date of Birth		Email			
Address	City		State/Zip		
Preferred Phone		Secondary Phone			
Occupation		Work Phone			
If retired, previous occupation					
Emergency ContactName and Relationship					
Name and Relationship					
Special skills/interests					
Have you done volunteer work previously? □YES □NO (If yes, where and in what capacity?)					
Are you able to volunteer for at least three months? □YES □NO					
Volunteer Service Areas of Interest:					
☐ Greeter ☐	☐ Valet Services		☐ Transporter		
☐ Friendly Calls ☐	☐ Office Duties		☐ Patient Care Floors		
☐ Print Shop/Mailroom ☐ Community Wellness		ss Activities	☐ Other:		
Preferred Scheduled Days:					
☐ Monday ☐ Tuesday ☐ Wed		nesdav 🗆	Thursday	☐ Friday	
□ Saturday □ Sunday	, , , , , , , , , , , , , , , , , , ,			,	
The primary goal of the Volunteer Services Department is to provide organization, direction, and services expansion by maintaining an awareness of hospital needs. We are committed to providing and retaining a competent staff of volunteers who provide supplemental services to hospital personnel, patients, and their families, and visitors of the Hospital. Each volunteer is expected to uphold the philosophy and standards of the Hospital. I am in agreement with the mission, vision, and values of OSF Saint Katharine and will support the goals of the Volunteer Services Department and the hospital. I am also aware that I will not be compensated for my volunteer hours. I also am aware that confidentiality is of utmost importance. Please note there is minimal patient contact in most volunteer positions.					
<i>F</i>	Applicar	Applicant's Signature			

Please note, your volunteer application is contingent upon a successful background check.