

# OSF HealthCare Sacred Heart Medical Center

## *Volunteer Application Procedure*

*The following information will guide you through the application process for a volunteer position with OSF Sacred Heart Medical Center. We encourage you to review the entire information packet carefully and contact us at (217) 443-5729 with any questions.*

### How to Apply

After completing the application form, please return it to us:

- By fax (217-477-2928)
- Scan and E-mail to: [SHMC.VolunteerServices@osfhealthcare.org](mailto:SHMC.VolunteerServices@osfhealthcare.org)
- Or via mail to **OSF Sacred Heart Medical Center**  
**812 N. Logan Avenue, Danville, IL 61832**

When we receive your completed application, we will contact you to arrange a time for us to discuss volunteer opportunities. We can answer any questions that you may have and help to complete required health documentation. (See “**Volunteer Applicant Health Survey**” included in this packet.)

### Interviews:

All interviews will be conducted in the Volunteer Services department located on the ground level at OSF Sacred Heart Medical Center.

### Preparing for a Volunteer Assignment

- Volunteer candidates will attend volunteer orientation before beginning a volunteer assignment. You also have the option of completing on your own self-paced orientation.
- Each new volunteer will be given the opportunity to shadow in a department before making a commitment and will be provided training for that assignment. You will be provided a volunteer “mentor” to guide you before you take a solo assignment.
- Every applicant must be able to **provide Social Security #** at the time of interview to complete the information necessary to conduct a background check.

### Health Requirements:

**The Occupational Health Nurse will meet and assist you with meeting the following requirements:**

- Candidates must show proof of immunity against Rubella, Rubella (measles) and Chicken Pox.
- Each volunteer is required to have a "2-Step" TB test (2 injections) test within the last 3 months. The two injections must be done 7 – 20 days apart.

*OSF Sacred Heart Medical Center is committed to offering a quality volunteer experience to individuals in our program. We are seeking motivated individuals who enjoy a challenge and are excited to learn in a mission- focused patient care environment.*

**Adult Volunteer Application** Please type or print  
**OSF Sacred Heart Medical Center**

**Name** \_\_\_\_\_ **Gender**  Male  Female  
Last First Middle Name

**Local Address** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
Street

**Permanent Address** (if different from above)  
**Address** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
Street

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Daytime Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
(Year optional)

**Email** \_\_\_\_\_

**Last Year of School Completed** \_\_\_\_\_ **High School** \_\_\_\_\_ **College** \_\_\_\_\_ **Grad School** \_\_\_\_\_ **Degree Obtained** \_\_\_\_\_

Please state what you would like to get out of this volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations which prevent you from doing certain types of tasks?  Yes  No  
 If yes, please explain:

\_\_\_\_\_

**Previous Work, Volunteer and Community service experience**

Organization	Position Held	Date of Experience

**Please provide two (2) professional references (former employers, pastors, etc.)**

Name	Address	Email

How many hours each week do you wish to volunteer? \_\_\_\_\_

Which shifts do you wish to volunteer?

Monday \_\_\_\_ a.m. \_\_\_\_ p.m.    Tuesday \_\_\_\_ a.m. \_\_\_\_ p.m.    Wednesday \_\_\_\_ a.m. \_\_\_\_ p.m.    Thursday \_\_\_\_ a.m. \_\_\_\_ p.m.    Friday \_\_\_\_ a.m. \_\_\_\_ p.m.  
 Sat. \_\_\_\_ a.m. \_\_\_\_ p.m.    Sun. \_\_\_\_ a.m. \_\_\_\_ p.m.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding a volunteer decision and I release all such persons from any liability regarding the provision or use of such information.

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

**OSF Sacred Heart Medical Center  
Volunteer Services  
Volunteer Applicant Health Survey**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
*Last First M.I.*

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Gender  Male  Female

Emergency Contact \_\_\_\_\_  
*Name Phone Relationship*

Your Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Do you now have or have you ever had Chickenpox?  Yes  No

Have you ever had a positive reaction to a T.B. test?  Yes  No

List any known allergies to food, medications, and/or environmental substances: \_\_\_\_\_

Have you had a tetanus shot in the last 10 years?  Yes  No

Do you have any health conditions/restrictions you feel we should be aware of? \_\_\_\_\_

I understand that physician's approval may be required for my participation in the volunteer program at OSF Sacred Heart Medical Center.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature for student under 18 years of age:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**OSF Healthcare Sacred Heart Medical Center** ("the Company") may obtain information about you from a third party consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, [www.universalbackground.com](http://www.universalbackground.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your affiliation with the Company to the extent permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental Signature if under 18

\_\_\_\_\_  
Date