



MOUNTAINSTAR

St. Mark's Hospital VOLUNTEER VISION



Enthusiastic, Dedicated Volunteers Committed to Providing Exceptional Service.



Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Applying For: Volunteer (18 yrs of age or older) Junior Volunteer (16-17 yrs; restricted placement)

Person to Notify in Case of Emergency: _____ Phone: _____

Address: _____ Relationship: _____

Educational Background: High School College Other: _____

Current Employment (if applicable) - Company: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Hours Worked: _____ May we phone if necessary? Yes No

Prior Volunteer Experience: _____

Prior Work Experience: _____

Hobbies & Personal Interests: _____

How did you become interested in our program? _____

What do you hope to accomplish through your volunteer experience? _____

Do you have a specific area of interest for your volunteer assignment? If so, please identify: _____

Please circle the day(s) you prefer to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please circle the shift(s) you would prefer (specific shift times vary based on department needs):

Mornings Afternoons Evenings

Please complete the back page of this application also.

References (other than family or friends):

Name	Address	Phone	Years Known

Have you ever been convicted of a crime? Yes No

If Yes, please explain: _____

Volunteer positions require adequate vision and hearing, the ability to read, write and communicate effectively in English, and may require the ability to walk/navigate throughout the hospital campus. Are you able to perform the essential functions of the volunteer position for which you are applying?

Yes No If not, please explain what accommodations would be needed: _____

In addition to completing the volunteer application, junior volunteer candidates (16-17 years of age) need to provide two letters of recommendation (relatives excluded), proof of age, current immunization information, and a copy of current cumulative GPA and CPA.

PLEASE REVIEW AND SIGN THE FOLLOWING:

- **In my role as a volunteer, my services are being donated to St. Mark's Hospital without contemplation of any monetary compensation or future employment. I am giving my time and service because of humanitarian or charitable reasons.**
- ***I am willing to make a commitment to complete a minimum of 6 months/100 hours of volunteer service (approximately one 4-hour shift per week for 6 months) to St. Mark's Hospital. I will follow volunteer policies including regular attendance, punctuality, dress code and notifying the staff in my area in a timely manner when I'm unable to volunteer for my assigned shift.***
- I will hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors, or personnel at St. Mark's Hospital, and will not seek confidential information in regards to a patient. I will follow all hospital policies including those referring to patient privacy, patient rights, ethics, confidentiality and social media guidelines.
- *I understand that I am expected to follow the hospital's dress code and wear the official volunteer uniform and hospital ID badge whenever I'm on duty as a volunteer. A volunteer uniform (navy blue jacket or polo shirt with hospital logo) will be provided to me at volunteer orientation. My hospital ID badge and volunteer uniform must be returned to the Volunteer Services Office at the completion of my volunteer service in order for me to receive a refund of my uniform deposit.*

Signature: _____ Date: _____

If you have any questions, please call the Volunteer Services Office at 801-268-7593.

FOR OFFICE USE ONLY

Interviewed By: _____ Date: _____

Placement: _____ Day(s) Worked: _____ Shift(s): _____