

Volunteer Services
Hospital Volunteer Application
 Saint Francis Hospital and the Children's Hospital at Saint Francis
 6161 S Yale Avenue
 Tulsa, OK 74136
 918-494-1150

ADULT VOLUNTEER APPLICATION

(PLEASE PRINT)

Last Name	First Name	Middle
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Mr. Mrs. Ms. Miss Preferred nickname: _____

Street Address (Not a PO Box):	Apartment Number:
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City:	State:	Zip Code:
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Is anyone else at this address already a volunteer here? No Yes
 If yes, what is their name? _____

Have you ever served as a volunteer with us before? No Yes If yes, in what year? _____

Home Phone Number ()	Business Phone () <input type="checkbox"/> Cell Phone	Email Address
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I prefer to be contacted at: Home Business Cell Email

Personal Information

Social Security Number: - -

Driver's License Number:

Emergency Contact Name:	Phone Number: ()	Relationship:
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Birthdate: _____

(Optional): List allergies and any other health concerns that staff should know.

Employment Information:

I am: Employed Unemployed Retired Student Homemaker

Employer's Name or School Name:	Occupation/Year in School:
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Street Address:

City:	State:	Zip Code:
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(PLEASE PRINT)

Education (check all that apply)

- High School Graduate
- Associates Degree
- College Student
- College Graduate
 School _____
 Major _____
 Estim. Grad. Date _____
- Graduate Degree
 School _____
 Major _____
- Other (certification)

- My employer offers a time-off program for volunteers My employer offers a donation matching program

I would like to apply for a volunteer position at:

- Saint Francis Hospital Children's Hospital Both

How did you learn about our program? _____

Please provide the names and **addresses** of two references, no phone numbers, (other than immediate family):

1. _____

2. _____

Availability

Please check the days and specific shifts you are available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

Social/Civic Memberships

Volunteer Experience (please list organization and duties)

Please read carefully before signing

- I understand and agree that in the performance of my duties as a volunteer of Saint Francis Health Care System I must hold in strictest confidence any observations I may make or information I may hear regarding patients, patient families or staff.
- I verify that all of the information provided by me on this application is true, correct and complete. I grant Saint Francis Children's Hospital permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete will result in rejection of my application.
- I understand this application does not guarantee a volunteer placement.

Applicant's Signature _____ Date _____