

<b>Office use only:</b> <b>Interview date and time:</b>

NAME: \_\_\_\_\_  
(LAST) \_\_\_\_\_  
(FIRST) \_\_\_\_\_  
(MIDDLE) \_\_\_\_\_

# ADULT VOLUNTEER APPLICATION



**Volunteer Services**  
**3601 A Street**  
**Philadelphia, PA 19134-1095**  
**(215) 427-5398**

**St. Christopher's Hospital for Children is a tobacco-free workplace. We provide diversity in the workplace and provide equal employment opportunity for all qualified applicants.**



**Date Received:** \_\_\_\_\_  
**Application:** \_\_\_\_\_ **Complete** \_\_\_\_\_ **Incomplete** \_\_\_\_\_  
**Date Interviewed:** \_\_\_\_\_  
**Volunteer Type** \_\_\_\_\_

**ADULT VOLUNTEER APPLICATION**

**PLEASE PRINT**

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Present Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
 or Permanent (Street) (City) (State) (Zip)

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**HOW DID YOU HEAR OF US? (PLEASE BE SPECIFIC)**

Newspaper \_\_\_\_\_ Job Fair \_\_\_\_\_ TV \_\_\_\_\_  
 Friend \_\_\_\_\_ Employee \_\_\_\_\_ Radio \_\_\_\_\_  
 Internet \_\_\_\_\_ Other \_\_\_\_\_

Have you ever worked/volunteered before?  Yes  No, If yes when/where? \_\_\_\_\_

**PERSONAL REFERENCES (Other than relatives) – Please provide full mailing address.**

NAME	STREET CITY/STATE ZIP	PHONE
		Hm: ( ) Wk: ( ) Email:
		Hm: ( ) Wk: ( ) Email:

**Education**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Education and Special Training (Describe)
1.
2.
3.



**What are your reasons for wanting to become a volunteer at St. Christopher's Hospital for Children?**

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In case of emergency, notify:

1. \_\_\_\_\_  
(Name) (Address) (City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number) (Cell Phone Number)

2. \_\_\_\_\_  
(Name) (Address) (City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number) (Cell Phone Number)

**HEALTH:**     GOOD     FAIR     POOR

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any work activities or conditions that you must avoid? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

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Physical limitations: \_\_\_\_\_

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**SERVICE AREA AND TIME PREFERENCE:**

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY     SATURDAY     SUNDAY  
Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_    Hrs: \_\_\_\_\_

Do you prefer to volunteer:             Morning     Afternoon     Evening

Would you prefer:

No patient contact                     Limited patient contact                     Clerical

Patient contact                         Children's Service



**EMPLOYMENT/VOLUNTEER HISTORY:** Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience. If you need more space, please add a sheet.

Employer	Street Code	City	State	Zip
Job Title	Supervisor Name & Telephone Number		No. Supervised by you	
Date Employed (mo/yr)	Date separated (mo/yr)			

Reason for leaving
Duties

Employer	Street Code	City	State	Zip
Job Title	Supervisor Name & Telephone Number		No. Supervised by you	
Date Employed (mo/yr)	Date separated (mo/yr)			

Reason for leaving
Duties

Employed \_\_\_\_\_

Unemployed \_\_\_\_\_

Retired \_\_\_\_\_



Have you ever been dismissed or forced to resign from any volunteer position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

May we contact your present employer for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT AGREEMENT:**

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance as a Volunteer at St. Christopher’s Hospital for Children is contingent upon satisfactory completion of all pre-placement procedures which include, but not be limited to, an interview, verification of references, criminal background and Child Abuse investigation, drug screening, orientation, health and tuberculosis screening.
- I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
- I authorize St. Christopher’s Hospital for Children to thoroughly investigate the information provided on this application and to conduct a Drug Screening, Criminal Background Investigation and/or Child Abuse investigation. I will hold no person liable for giving or receiving information in this in investigation.
- I agree to abide by the policies of St. Christopher’s Hospital for Children.
- I authorize St. Christopher’s Hospital for Children to use photographs taken at hospital for Marketing, Public Relation, Recruitment, and Educational purposes and waive any rights to compensation for these uses. The term photograph shall mean modern pictures or still photography in any format and as well as Videotape, Video disc, digital, electronic, or other mechanical means of recording and reproducing images.
- I, \_\_\_\_\_, understand that upon both my successful completion of the volunteer placement processes required by St. Christopher’s Hospital for Children and the receipt of approval for service by Volunteer Services management, I will become a “volunteer”. As a volunteer I acknowledge that I will not receive compensation for services and I will not be required to work. I acknowledge that I will receive a placement description to specify the department(s) I will be volunteering in prior to my placement(s). A signed copy of that (those) placement description(s) will be in my volunteer personal file.

**TO BE SIGNED BY VOLUNTEER APPLICANT DURING INTERVIEW**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF VOLUNTEER SERVICES DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

