



**ORTHOPEDIC & SPINE INSTITUTE**

at St. Mary's Medical Center

Adult Volunteer Application (Applicants 18 years and older)

Thank you for interest in serving as a volunteer at Paley Orthopedic & Spine Institute. We are currently recruiting volunteers who can meet our minimum commitment of four hours per week for at least a 3 month period. If you are a student or seasonal resident seeking a volunteer opportunity for less than six months, please explain your availability in detail on the enclosed application. Please give this serious thought before you commit; our patients and staff count on volunteers.

**I am interested in:**

- 4 hr weekly commitment to the Paley Orthopedic & Spine Institute  Events for the Paley Orthopedic & Spine Institute  Events for the unLIMBited Foundation

**INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever worked at Paley Orthopedic & Spine Institute?

- YES  NO

Do you have any physical limitations, medical limitations, or mental disorders that would impair your ability to perform as a volunteer at the Paley Orthopedic & Spine Institute without any supplemental assistance?

- YES  NO

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

Have you ever been convicted of a crime? (an affirmative response will not automatically disqualify you from being considered)

- YES  NO

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

**EMERGENCY CONTACT INFORMATION (please list someone we can contact in case of an emergency):**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

Family Physician Phone Number: \_\_\_\_\_

**NAME OF FRIENDS OR RELATIVES EMPLOYED OR VOLUNTEERING AT THE PALEY ORTHOPEDIC & SPINE INSTITUTE:**

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

**PERSONAL REFERENCES (PLEASE LIST THREE PERSONAL REFERENCES (Employers, Volunteer Supervisor, Teacher, etc. -No Relatives)**

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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

**SHORT RESPONSE:**

What is your previous volunteer experience? For each experience, please include the following information:

Volunteer program name and description \_\_\_\_\_

Your role (for example: volunteer team captain, board member, etc) \_\_\_\_\_

Responsibilities/ activities performed \_\_\_\_\_

Dates as an active volunteer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you speak a second language?  YES  NO If YES, which language and are you conversational or fluent? \_\_\_\_\_

Do you play any musical instruments?  YES  NO If YES, please elaborate on your experience. Would you be comfortable to play in patient rooms or in front of an audience at the medical center? \_\_\_\_\_

What special skills, interest or strengths would you offer as a volunteer? Please note if any of the following categories are applicable and elaborate.

Art, if so which mediums? \_\_\_\_\_

Crochet or sewing \_\_\_\_\_

Computer literate, if so which programs? \_\_\_\_\_

Website design \_\_\_\_\_

Tutoring, if so which subjects? \_\_\_\_\_

Photography \_\_\_\_\_

Other skills \_\_\_\_\_

Have you ever volunteered for the Paley Orthopedic & Spine Institute or unLIMBited Foundation before?

YES  NO If YES, please note which organization and dates of service.

Please explain in detail why you would like to volunteer at the Paley Orthopedic & Spine Institute or unLIMBited Foundation \_\_\_\_\_

How did you learn about the volunteer opportunities at the Paley Orthopedic & Spine Institute? \_\_\_\_\_

To help us schedule you, please indicate the days and hours that you are available to volunteer. Please note that at this time, there are limited weekend and evening volunteer shifts available. Are you a seasonal resident?

YES  NO If YES, , which months are you available?

Volunteer interest in (please provide top two choices):

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there anything else you would like to address or share about yourself? \_\_\_\_\_

\_\_\_\_\_

### **EDUCATION AND WORK EXPERIENCE:**

Are an active student?  YES  NO

Name of High School: \_\_\_\_\_

College (please include university attended, area of study and degree obtained): \_\_\_\_\_

Post Graduate Studies (please include university attended, area of study and degree obtained): \_\_\_\_\_

Licenses or Certificates earned: \_\_\_\_\_

Please tell us about your work experience: \_\_\_\_\_

\_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you retired?  YES  NO

Please check the answers that apply to you:

I treat volunteer commitments with the same respect I do as work, school, or business commitments

I am looking for hands on experience to practice the skills I learned at school

I have time available and would like to give back

I am looking for hands on experience to decide on a college major

I am comfortable working around patients

I hope my volunteer position will lead directly to employment at the Paley Orthopedic & Spine Institute.

I have carefully considered my schedule and I know I can make the commitment to volunteer.

All applicants 18 years and older will undergo a background check.

I agree to comply with all policies and procedures and to support the mission of the Paley Orthopedic & Spine Institute and to serve without remuneration for my services.

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

## **VOLUNTEER PROGRAM REQUIREMENTS**

- Be 18 years of age or older
- Preferred CPR training within the last 2 years
- Commit to at least three months of volunteer service
- Undergo successful criminal background check
- Complete and submit the Volunteer Application form
- Submit a copy of your driver's license (required for background check)
- Attend an interview with one of the departmental staff
- Provide the following proof of health an immunization records
  - ~ Negative Tuberculin (TB) Tests-
  - ~ Measles, Mumps, Rubella (MMR)
  - ~ Chicken Pox (Varicella)
  - ~ TDAP- Tetanus, Diptheria and Pertussis or Whooping Cough (last 10 years)
  - ~ Flu Vaccine- Required during flu season