



Mercy Volunteer Services
 1235 East Cherokee
 Springfield, MO 65804
 Phone 417-820-2041

**MERCY HOSPITAL – SPRINGFIELD
 VOLUNTEER APPLICATION**

Name: _____ Email: _____

Phone 1: _____ Phone 2: _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Date of Birth: _____ Social Sec #: _____

If you are a student, where are you attending school?: _____

Name of your closest relative: _____

Relatives phone number: _____

In case of emergency, local contact name: _____

Relationship: _____ Phone Number: _____

Tell us about your work history: _____

Hobbies/Interests: _____

Office use only:		
Appointment Date & Time:	Orientation Date:	
Assignment Location:	Shift:	Day(s)
T-Spot /MMR / Varicella / Flu:	Start Date::	
Preferred days and times:		

Do you take any medications on a regular basis? Yes _____ No _____

If yes to either questions, please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

Why did you select Mercy as your choice to do volunteer work? _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of Day: Morning Afternoon Evening

We have a variety of positions available, all of which come together to provide our patients and their families with the MERCY experience we strive to achieve, by utilizing our Core Values. Thank you in advance for your service to MERCY and giving back to our Community.

To help us find the best placement for you to use your personal Talents, Gifts and Abilities please circle your preferences below, and list any limitations, if any, on the space provided:

SOME WALKING

MOSTLY STANDING

MOSTLY SITTING

DIRECT PATIENT CONTACT

PATIENT CARE ON FLOOR

COMPUTER EXPERIENCE

NO COMPUTERS

CASH HANDLING

Limitations : _____

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

If I am selected as a volunteer, I will abide by the mission statement of the health system, be conscientious in fulfilling my responsibilities, conduct myself in a professional manner, keep confidential all information, attend in-services as required, adhere to the uniform requirements, and accept instruction and supervision as needed.

The above information is true and complete to the best of my knowledge. I understand that any misrepresentation and/or omission are grounds for immediate discharge.

Signature: _____ **Date:** _____