

**Shriners Hospitals
For Children
St. Louis**

Volunteer Services
2001 S. Lindbergh Blvd.
St. Louis, MO 63131

Telephone
314 432 3600, ext. 1111

Fax
314 872 7873

VOLUNTEER APPLICATION (PLEASE PRINT)

Name _____

Address _____

City _____ State _____ ZIP _____

Phones: Home (_____) _____ Work (_____) _____

Cell Phone (_____) _____ Beeper (_____) _____

E-mail address _____

Social Security Number _____

Who referred you? _____ Are you a Shriner? _____

Education: _____

Name of school

Degree or Highest level completed

Check all that apply: _____ Student at _____ Employed at _____

_____ Retired from _____ Unemployed

Have you ever been convicted of a crime? _____ Foreign language(s) you speak _____

Special skills or interests: _____

Personal references (not relatives)

1. _____
name relationship daytime phone number

2. _____
name relationship daytime phone number

Previous volunteer experience (include agency, service dates, duties, and supervisor):

Availability: Morning _____ Afternoon _____ Evening _____

Please circle: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Interested in: _____ Only working directly with patients _____ Only working in non-patient areas

_____ Wherever need is the greatest _____ Other: _____

_____ Clerical: Do you have computer skills? Yes _____ No _____ Willing to learn _____

Why do you want to volunteer at Shriners Hospital for Children? _____

I understand that I am applying for a volunteer position and that this is not an application for employment nor a contract of employment. I further understand that as a volunteer, I may not accept payment for my service and that I will incur the cost of transportation. I certify that all facts and items listed on this application and subsequent forms I complete related to my volunteer service are true, complete and accurate. I understand that any misrepresentation, omission of information, misleading or incomplete data may result in disqualification from consideration or dismissal as a volunteer. I understand that as a volunteer, my service will be at will and may be terminated at any time with or without cause and with or without prior notice. I give my approval to check my employment, volunteer, and personal references as well as criminal and child abuse records. I authorize these references to give any pertinent information that they may have, and I authorize investigation of all statements contained herein. I further release all parties from liability from any damage that may result from furnishing information. I agree to receive any medical tests, drug screenings, and immunizations that may be required, and I authorize the release of all test results and any other related medical information to the management of Shriners Hospital for Children. I agree to abide by the rules and regulations of Shriners Hospitals for Children.

Applicant Signature

Date

You can touch the life of a child when you ...

Volunteer at Shriners Hospitals for Children - St. Louis

Shriners Hospital for Children in St. Louis helps children build better lives. We provide treatment for children with orthopedic needs by serving patients who have congenital orthopedic deformities, problems resulting from orthopedic injuries, or diseases of the bones, joints, and muscles.

Care at all Shriners Hospitals for Children is provided at no cost to patients or families. We do not receive reimbursement from insurance or government funds.

Volunteers assist staff in many areas of our hospital. Some volunteers work directly with patients while others provide support service by working "behind the scenes." *Every* volunteer position is important and provides a genuine service to our hospital and patients.

Volunteer placement is primarily based on three factors:

- 1) the needs of the hospital,
- 2) the kind of work you want to do, and
- 3) the times you are available.

Your interests and talents will be carefully matched with the needs of the hospital. We do this so that your expectations will be met and that your volunteer experience will be a meaningful one.

If you are a caring person, at least 19 years old, who wishes to donate your time, effort, and special skills to help children with orthopedic problems, you may apply to volunteer. Background checks are completed on all volunteers prior to beginning service. These include checking references, criminal records, and child abuse histories. Tuberculosis tests and proof of immunity to certain diseases are also required. The hospital will provide these medical tests when necessary. All volunteers also must complete a comprehensive orientation program prior to volunteering their services.

Working together, volunteers and staff provide the excellent care that is the hallmark of Shriners Hospitals for Children. If you would like to apply to volunteer, please print the Volunteer Application at this site, complete it, and mail or fax it to our hospital.