

5901 Monclova Road
Maumee, Ohio 43537
419-893-5919



ST. LUKE'S

APPLICATION FOR VOLUNTEER SERVICE

PERSONAL INFORMATION:

Name _____ Date of Birth _____

Last

First

Middle

Address _____ Telephone Number _____

Number

Street

City

State

Zip Code

Cell Phone _____

Email address _____

Emergency contact _____ Telephone Number _____

Have you ever served as a volunteer before? _____ If yes, where and when? _____

Have you ever been convicted of a felony or drug related offense? _____ No _____ Yes If yes, adverse information will be considered only as it relates to the particular area of volunteer service sought and current hospital policies and guidelines. (Note: Applicants age 18 and over will be subject to a criminal background check.)

Are you a student? No Yes If yes, name school _____

Is this a school project/requirement? No Yes If yes, how many hours are required? _____

Physician's name _____ Telephone number _____

Physician address _____

REFERENCES (non-relative):

_____	_____	Telephone: _____
Name	Address	
_____	_____	Telephone: _____
Name	Address	

AREA(S) OF INTEREST (Note that the descriptions are general and not all assignments are listed. Please check all that are of interest):

- _____ Float – Escorts family members and visitors to various departments within the hospital and hospital entrances. Delivers supplies to various departments. Assists with numerous hospital mailings. Delivers floral arrangements and patient mail to patient rooms, stocks waiting areas and lobbies with magazines.
- _____ Runner – Escorts patients, family members and visitors to various departments within the hospital
- _____ Patient Engagement - Assists patient care staff by visiting with patients. Assist patient/family/visitor with comfort needs. Provide escort and directions to areas within the hospital, such as, cafeteria, waiting rooms, etc.
- _____ Valet Van Driver – valet service from vehicle to hospital entrance or from hospital exit to vehicle.
- _____ Clerical duties within assigned department
- _____ Greeter – Greets and acknowledges patients, family members, visitors as they enter hospital. Assists with directions to various departments or areas within the hospital.
- _____ Flower Cart - Prepares and delivers fresh flowers, on behalf of the Auxiliary, to all new patients
- _____ Gift Shop
- _____ Other (Please describe): _____

The information provided on this application is accurate and correct to the best of my knowledge.

Applicant Signature _____ Date _____

By signing this application, I authorize McLaren St. Luke’s to verify any information I have provided, including checking my personal references and contacting my physician regarding necessary health reference information. I understand that if accepted for volunteer service, I will work with and under the supervision of the Department Director or designated staff member to which I am assigned. I will arrive when scheduled and on time. I will notify the Volunteer Services Director if I must be absent. I also understand that I must abide by the policies and regulations of McLaren St. Luke’s. I also agree to advise McLaren St. Luke’s in writing of any physical limitations which could affect or be affected by any activities I assume. I understand that it is my responsibility to provide this information and I release McLaren St. Luke’s from any liability for injuries or illnesses which result from my failure to advise McLaren St. Luke’s in writing of any such limitations.

If the applicant is under the age of 18, a parent or guardian must also sign.

I have read the information and I give permission for my son/daughter to volunteer at McLaren St. Luke’s. I further give my permission for my son’s/daughter’s physician to release health information as requested on the health reference form. If an emergency arises while my son/daughter is on duty and reasonable attempts to contact me at the number above are unsuccessful, I give consent for the administration of treatment deemed medically necessary.

Signature of Parent/Guardian _____ Date _____