

# Bethesda Volunteer Application



Thank you for your interest in becoming a Bethesda Health Group volunteer. We are always in search of volunteers to work in many capacities. At Bethesda, we work around your schedule. This application was developed specifically for our volunteer program. All volunteers are screened in a manner similar to that of a regular employee, and all personal information is kept confidential. Additionally, this information is valuable in making volunteer assignments and in meeting training needs of prospective volunteers. Bethesda Health Group encourages the involvement of all persons regardless of age, color, creed, financial status, gender, national origin, primary language, race, religion, sensory impairments or sexual orientation.

**Name of Applicant:** \_\_\_\_\_  
Last First Initial

**Address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip Home telephone with area code

\_\_\_\_\_  
Email address Cell telephone with area code

**Emergency Contact:** \_\_\_\_\_  
Last First Initial

**Relationship to Contact:** \_\_\_\_\_  
Home telephone with area code

**Social Security Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
*State of Missouri requirement*

**Citizen of United States?**  Yes  No If no, explain: \_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No If yes, explain: \_\_\_\_\_

**Volunteer preferences**-number in order of interest if choosing more than one location (i.e., 1 represents first choice, 2 represents second choice):

Opportunities	Availability	Personal Information
<input type="checkbox"/> Activities <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Ambassador <input type="checkbox"/> Auxiliary <input type="checkbox"/> Faith Ministry <input type="checkbox"/> Field Trips <input type="checkbox"/> Home-Based Assistance <input type="checkbox"/> Hospice <input type="checkbox"/> Medical/Rehab Therapy <input type="checkbox"/> Music <input type="checkbox"/> Office Administration <input type="checkbox"/> Resell-It Shop <input type="checkbox"/> Other: _____  <b>Preferred Location(s)</b> <input type="checkbox"/> Bethesda Dilworth <input type="checkbox"/> Bethesda Meadow <input type="checkbox"/> Bethesda Southgate/ Charles Village <input type="checkbox"/> Bethesda Hospice Care (all locations) <input type="checkbox"/> Eunice Smith Home <input type="checkbox"/> Village North <input type="checkbox"/> Barnes-Jewish Extended Care	<b>Days</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday  <b>Holidays</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Time</b> <input type="checkbox"/> Morning: <input type="checkbox"/> Afternoon: <input type="checkbox"/> Evening:  <b>List Exceptions</b> (use space below): _____	<ol style="list-style-type: none"> <li>1. Do you have volunteer/community service hours to fulfill?  <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, required by:</u> _____</li> <li>2. Are you currently working as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, name:                      Organization: _____</li> <li>3. Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, list previous employer:                      Employer: _____</li> <li>4. Do you work full or part time? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, name employer:                      Employer: _____</li> <li>5. Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, what school?                      School: _____</li> <li>6. Do you speak, write or read any other languages other than English?  <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, specify</u> _____</li> <li>7. Were you ever in the military?  <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, what Branch</u> _____</li> <li>8. Do you have any special needs or physical limitations that would assist us in                      placing you as a volunteer?  <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, describe</u> _____</li> </ol>

**Community Involvement:** Volunteer, civic, church or professional organizations, etc.

Organization \_\_\_\_\_ Position: \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

**Education:**

School \_\_\_\_\_ Area of Study: \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**List two (2) community contacts that will be used for personal references such as academic, business, civic or religious associates (no relatives):**

1. \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Type of Contact: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_ Type of Contact: \_\_\_\_\_

**Hospice Volunteers Only:**

Have any of your relatives or friends died recently? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, date: _____		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of valid car insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was your relationship to this person? _____ Religious preference? _____ or <input type="checkbox"/> None		
Why do you want to become a hospice volunteer for Bethesda Hospice Care?		

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

**Mail application to preferred location address listed below:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Bethesda Dilworth</b><br>9645 Big Bend Boulevard<br>St. Louis, MO 63122<br>Phone: (314) 968-5460                   | <input type="checkbox"/> <b>Bethesda Meadow</b><br>322 Old State Road<br>Ellisville, MO 63021<br>Phone: (636) 227-3431 | <input type="checkbox"/> <b>Bethesda Southgate/Charless Village</b><br>5943 Telegraph Road<br>Oakville, MO 63129<br>Phone: (314) 846-2000 |
| <input type="checkbox"/> <b>Hospice Care (all locations)</b><br>1630 Des Peres Road, Suite 200<br>St. Louis, MO 63131<br>Phone: (314) 373-7041 | <input type="checkbox"/> <b>Eunice Smith Home</b><br>1251 College Avenue<br>Alton, IL 62006<br>Phone: (618) 463-7330   | <input type="checkbox"/> <b>Village North</b><br>11160 Village North Drive<br>St. Louis, MO 63136<br>Phone: (314) 355-8010                |
| <input type="checkbox"/> <b>Barnes-Jewish Extended Care</b><br>401 Corporate Park Drive<br>Clayton, MO 63105<br>Phone: (314) 725-7447          |  |   |

**BELOW LINE FOR INTERNAL USE ONLY:**

Photo ID       EDL Verified       Orientation Completed      **Comments:**  
 SSN ID       References Checked       Name Badge Issued

**Volunteer Coordinator:** \_\_\_\_\_