

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: _____ Preferred Location(s) <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	Days <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 Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Time <input type="checkbox"/> Morning: <input type="checkbox"/> Afternoon: <input type="checkbox"/> Evening: List Exceptions (use space below): _____	<ol style="list-style-type: none"> 1. Do you have volunteer/community service hours to fulfill? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, required by:</u> _____ 2. Are you currently working as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, name: Organization: _____ 3. Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, list previous employer: Employer: _____ 4. Do you work full or part time? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, name employer: Employer: _____ 5. Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, what school? School: _____ 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> _____ 7. Were you ever in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, what Branch</u> _____ 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> _____

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. Name _____ Telephone: _____
Address _____ City, State & Zip _____ Type of Contact: _____

2. Name _____ Telephone: _____
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"/> Bethesda Dilworth
9645 Big Bend Boulevard
St. Louis, MO 63122
Phone: (314) 968-5460 | <input type="checkbox"/> Bethesda Meadow
322 Old State Road
Ellisville, MO 63021
Phone: (636) 227-3431 | <input type="checkbox"/> Bethesda Southgate/Charless Village
5943 Telegraph Road
Oakville, MO 63129
Phone: (314) 846-2000 |
| <input type="checkbox"/> Hospice Care (all locations)
8175 Big Bend Boulevard, Suite 200
St. Louis, MO 63119
Phone: (314) 446-0623 | <input type="checkbox"/> Eunice Smith Home
1251 College Avenue
Alton, IL 62006
Phone: (618) 463-7330 | <input type="checkbox"/> Village North
11160 Village North Drive
St. Louis, MO 63136
Phone: (314) 355-8010 |
| <input type="checkbox"/> Barnes-Jewish Extended Care
401 Corporate Park Drive
Clayton, MO 63105
Phone: (314) 725-7447 | | |

BELOW LINE FOR INTERNAL USE ONLY:

- | | | | |
|-----------------------------------|---|--|------------------|
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> EDL Verified | <input type="checkbox"/> Orientation Completed | Comments: |
| <input type="checkbox"/> SSN ID | <input type="checkbox"/> References Checked | <input type="checkbox"/> Name Badge Issued | |

Volunteer Coordinator: _____