

# Hands for Mercy Application

FSM\_00\_00 (11/13/12)

## Contact Information

Name:	Birthdate:	SS#
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:
Emergency Contact (name & phone):		

## About You

Why do you want to volunteer?
Previous Experience
Hobbies and Interests

## References

Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

Have you ever been convicted of a crime other than a traffic offense?  Yes  No

If Yes, please explain: \_\_\_\_\_

## Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 a.m. — noon							
Noon — 4 p.m.							
4 p.m. — 8 p.m.							

## Service Areas of Interest

- |   |   |  |   |                                       |
|---|---|--|---|---------------------------------------|
| <input type="checkbox"/> Ambulatory           | <input type="checkbox"/> Escort Services  | <input type="checkbox"/> Main Information Desk | <input type="checkbox"/> Projects/Sales       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> COE Information Desk | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Needlework            | <input type="checkbox"/> Shuttle Service      | _____                                 |
| <input type="checkbox"/> Coffee Service       | <input type="checkbox"/> Gift Shop        | <input type="checkbox"/> Office/Clerical       | <input type="checkbox"/> Special Projects     | _____                                 |
| <input type="checkbox"/> Cuddlers             | <input type="checkbox"/> Hostess          | <input type="checkbox"/> Oncology Hostess      | <input type="checkbox"/> Surgery Desk         | _____                                 |
| <input type="checkbox"/> Emergency Room       | <input type="checkbox"/> ICU Waiting Room | <input type="checkbox"/> Pastoral Care         | <input type="checkbox"/> Surgery Waiting Room | _____                                 |

## Commitment

### As Hands for Mercy, I will:

- Uphold Mercy's Mission and Values
- Attend orientation, required trainings, and volunteer meetings
- Follow Volunteer Dress Code while in service
- Keep all patient and visitor information confidential
- Make "hospitality" the unique characteristic of all patient/visitor interactions
- Foster "right relationships" with all fellow volunteers and co-workers

For office use only:
Orientation date _____
TB Test _____
ID Badge _____

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

