

Volunteer Application



Name _____
Last First MI

Address _____
Street City State Zip Code

Date of Birth _____ Email Address _____

Telephone Number _____ Mobile/Alternate Number _____

U.S. Citizen ___ Yes ___ No If no, please explain _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain _____

Number of Years of Education Grade High College Graduate
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

High School _____ College _____ Other _____

Are you presently employed? ___ Yes ___ No If yes, employer name? _____

Hobbies/Special skills/Talents _____

Availability (Please indicate times)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you hear about us? _____

Do you have any physical limitations that we need to accommodate? ___ Yes ___ No
If yes, please explain _____

Preferred location: ___ Northlake, Gary ___ Southlake, Merrillville

Please list two (2) references:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Emergency Contact:

Name _____ Relationship _____

Address _____ Telephone _____

By signing this application, I verify that the information contained in this application is correct to the best of my knowledge. False information may be grounds for rejection of my application or dismissal from service. Submission of this application does not automatically insure placement. By signing this application, I consent to completing a health screening, drug/alcohol screening and background check should I be selected as a candidate for volunteering.

Applicant Signature

Date



Model of Care and Conduct

Methodist Hospitals strives for excellence and insists on high standards of conduct and performance in everything we do. Our Model of Care and Conduct is designed to create a positive work environment which Methodist desires for all employees. This is foundational to the high level of patient, family and physician satisfaction we strive for each day. We ask that you review our Model of Care and Conduct so that you are familiar with and understand our Model of Care and Conduct.

Everyone that enters our facilities is a Guest - Our guests include, but are not limited to, patients and their families, physicians, co-workers, visitors, and volunteers.

1. I am a team player. I provide professional service with the care and concern our Guests deserve.
2. I will demonstrate respect for cultural, spiritual, ethnic and individual differences.
3. I speak to our Guests with my voice, eyes, and actions. I handle concerns with care and compassion.
4. I smile at our Guests to show that I welcome them and help put them at ease.
5. I listen to our Guests with my ears, eyes, and actions. Even if it's, "**Not my responsibility,**" I will help or **find someone who can.**
6. In order to reduce anxiety, I will introduce my self to our Guests and explain what I am going to do and why.
7. I will always show consideration for the feelings of our Guests by respecting their privacy (especially in public places).
8. I am always courteous to our Guests by allowing them to enter through doors and elevators first, stepping off the elevator if there is a Guest being transported that needs to get on it, and by keeping halls as quiet as possible.
9. I am attentive to the needs of our Guests by providing service, directions, and assistance.
10. I always call our Guests by name, because they deserve my personal attention.
11. I look the part by dressing in a professional manner appropriate to my position.
12. I project a caring attitude and always treat our Guests with care, imagining that I am on the receiving end. I will care for our Guests as though they were my family or friends.

If I accept a position at Methodist Hospitals, I understand that I would be responsible to conduct myself in accordance with the Model of Care and Conduct.

Print Name

Signature

Date