



Volunteer Services
6401 Coyle Avenue, Suite 310
Carmichael, CA 95608
Direct: 916.537.5298
Fax: 916.536.3018
mercysanjuan.org

Dear Applicant:

Thank you for your interest in Mercy San Juan Medical Center Volunteer Services. We have attached the following information for your review:

Information Sheet: This sheet provides basic information regarding our volunteer programs and information about what we require from our volunteers. Please be sure to read this before completing your volunteer application.

Volunteer Process: This information is to let you know what we require of our volunteers and an estimated time of how long this process will take.

Questionnaire: The questionnaire is for you to think about what you are looking for when applying to volunteer. Please return with your application.

Volunteer Application: Please complete the application and return it to Volunteer Services. We will be contacting you for an interview via email or phone.

Reference Forms (2): Please have both forms completed by anyone other than a family member. You may attach the referrals to your application or have them mailed in separately by your contact.

If, after reviewing this information, you have any questions, please feel free to contact us at 916.537.5298. Our office hours are Monday through Friday from 9:30 a.m. to 4 p.m. If we are out of the office, please leave a number where we may contact you.

Once again, thank you for your interest in our program.

Sincerely,

Volunteer Services,
Mercy San Juan Medical Center

Mercy San Juan Medical Center

PURPOSE:

The primary purpose is to provide volunteer service to patients and assist trained personnel. The fundraising activities of our organization enable us to provide resources for specialized equipment to be donated to Mercy San Juan Medical Center.

Requirements to volunteer

You are required to serve a minimum of two (3-4) hour shifts each month per year.

All prospective members must attend a Mandatory interview, orientation, and health screening and training during certain weekday business hours, before beginning volunteer duties. These dates will be given later.

TB test and orientation is Mandatory annually.

UNIFORM:

While on duty, volunteers must wear an approved Purple uniform, which is as follows.
FEMALE: wear Purple top and white slacks. MALE: wear a Purple top and white or khaki slacks. Shoes are to be white tennis shoes. **All volunteers must wear ID security badges on their uniform at all times above the waist.** Information on how to get the badge will be given after orientation and health clearance.

HEALTH SCREENING:

A TB screening is mandatory to comply with the California Administrative Code, with reference to hospital volunteers. **Two**-TB skin tests (PPD Mantoux) will have to be completed before you may work in the hospital. In addition, if you do not have immunity to Measles, Mumps, German Measles, or Chicken Pox, you will be sent to your doctor to have a MMR or Varicella (Chicken Pox) immunization shot. This is mandatory. If you are not immune to Hepatitis B, we will offer you the (3) shot series given by the employee health office, or you may decline.

QUALIFICATIONS:

- Must be able to communicate clearly
- Must be at least 15 years old before applying
- Must be able to volunteer at least two (3-4) hr. shifts a month
- Must be able to follow directions and learn

PHYSICAL FACTORS:

- Have stamina to move quickly and be on feet for up to (3-4) hours.
- Be mobile enough to carry out errands around the hospital
- Have strength to transport a patient by wheelchair and assist staff when deemed safe and appropriate by staff.
- See and hear well enough to communicate with persons of the same or different nationalities and/or cultures.

This process can take from 4-8 weeks depending on the amount of volunteer applications we have.



Mercy San Juan Medical Center
Volunteer Services
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Carmichael, CA 95608
(916) 537-5298 - fax (916) 536-3018

Please Print

Date:

NAME:		check one: male() or female()	
ADDRESS:		CITY:	ZIP CODE:
TELEPHONE: Home ()		Work ()	
E-mail		Cell ()	

May we contact you at work? Yes No

PRESENT EMPLOYER/SCHOOL:		OCCUPATION:	
Date of Birth :	Graduation Year, Juniors	Social Security Number:	
Emergency Contact Name:	Relationship to you:	Phone number:	

PREVIOUS VOLUNTEER EXPERIENCE:

Have you ever been employed or volunteered with Mercy? YES NO	If you answered yes to the previous question, please explain:
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What kind of volunteer work are you interested in?

How did you hear about us?

Do you know or are related to any employee of MSJMC?
If yes, please specify Department

****NOTE:** Although we try to accommodate all requests to volunteer, there are times when circumstances prevent us from utilizing your services. We do not discriminate due to religion, creed, race, national origin, age, or sex.

****JUNIORS: PLEASE COMPLETE THE FOLLOWING INFORMATION.**

****JUNIOR VOLUNTEERS ONLY****
REQUIREMENTS

PARENT/GUARDIAN SECTION:

I (we) hereby give permission for our son/daughter (name) _____
to participate in the Mercy San Juan Volunteer Service's Junior Volunteer Program. I (we)
understand the commitment of a one-year requirement, two 3 hour shifts a month.

I also hereby give permission for my son/daughter in the event I cannot be located to receive first
aide. However, please first try to contact me at the following numbers:

Parent/Guardian Signature _____ **Date** _____

SCHOOL COUNSELOR SECTION:

School Name _____ GPA _____ Year Graduating _____

I believe that, _____ will benefit from the Mercy San Juan Medical
Center Volunteer Services Program and that it should not disturb their GPA (GPA needs to be 3.0 or
greater).

Counselor's Name (PRINT) _____ Phone _____

Signature _____ Date _____

Application – Complete and submit application to MSJ Volunteer Services office at 6401 Coyle Ave., suite 310. If we are out of the office, you may slide them under the door. You may also print an application and (2) reference sheets from our web site, mercysanjuan.org.

Interview – Once the application is turned in to our office, we will contact you to set up an interview date. At the time of the interview, we like to discuss your interest, skills, abilities, and availability. We will attempt to place you in an area that is comfortable and interesting to you, and meet the needs of the hospital as well. We will invite you to attend an orientation if you have been accepted. You will be asked to complete a background check before you attend the orientation.

Orientation – Orientation provides information about the hospital and the volunteer role. Privacy laws, safety codes, volunteer benefits, volunteer resources, dress code, and service agreement are all discussed. Orientation is conducted once a month. During the interview, you will be told of the orientation date.

Health Clearance – Once you have completed the interview and the background check, you may call employee health for an appointment to have your TB test and blood test to see if you have immunity for Rubella, Rubeola, Mumps, and Chicken Pox. All of the lab work and TB test is free through the hospital's employee health department. If you need immunizations, you will need to cover the cost yourself.

Name Badge – After you have completed all of the above requirements, you may come to the volunteer office and pick up the form to have your badge picture taken. When you pick up the badge form, you may also set up your schedule.

Assignments – We try our best to make sure that your interest is met as well as the needs of Mercy San Juan Medical Center. Volunteers are expected to volunteer two (3-4) hour shifts a month.

Please complete these questions and return with the application.

We are happy you are interested in volunteering at Mercy San Juan Medical Center. To help us better assist you we ask that you answer two questions for us.

1. I want to volunteer at Mercy San Juan because:

(Please answer with one or two paragraphs – if you need more room, please attach another page.)

2. What I hope to experience by volunteering at Mercy San Juan is:

(Please answer with one or two paragraphs – if you need more room, please attach another page.)

3. If you are a student, are you volunteering for a school project, to get credits or a course? What are the projects/ course expectations in hours, and length of time? Please bring the class syllabus to the interview.

MERCY SAN JUAN MEDICAL CENTER
VOLUNTEER SERVICES

VOLUNTEER REFERENCE

_____ has applied for a volunteer position at Mercy San Juan Medical. Please complete the form below and return it as soon as possible. All information provided is strictly confidential.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How would you rate the applicant on the following? Place an "X" in the appropriate box.

	Below Average	Average	Above Average	Do Not Know
Ability to work with children				
Ability to work with persons with disabilities				
Attendance				
Dependability				
Ability to take initiative				
Ability to accept direction				
Emotional Maturity				
Overall Impression				

4. Is there anything about this person that you feel would exclude them from being a volunteer?
5. Please indicate the strength of your overall recommendation by circling your choices below.
Highly Recommend --- Recommend --- Recommend with Reservation --- Not Recommended
6. Do you have any additional comments as to the character of the applicant?

Your Title and Name _____

Business Name (if applicable) _____

Phone (daytime) _____

Mailing Address _____

Signature _____

Please return this form to:

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