

Ascension St. Vincent's Volunteer Application

PLEASE SELECT THE LOCATION AND/OR SPECIAL PROGRAM IN WHICH YOU WISH TO VOLUNTEER:			
ASV BIRMINGHAM	<input type="checkbox"/>	ASV BLOUNT	<input type="checkbox"/>
ASV CHILTON	<input type="checkbox"/>	ASV EAST	<input type="checkbox"/>
ASV ONE NINETEEN	<input type="checkbox"/>	ASV ST. CLAIR	<input type="checkbox"/>
EXTRAORDINARY MINISTER	<input type="checkbox"/>		
CUDDLER PROGRAM	<input type="checkbox"/>		
SPIRITUAL CARE VOLUNTEER	<input type="checkbox"/>		

The purpose of this organization shall be to promote and advance the welfare of Ascension St. Vincent's through service to our patients and their families, associates and medical staff.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Other name(s) known as (i.e. maiden, nickname):		Spouse's Name:
Street Address:		Phone Numbers (Include AREA CODE)
City:		Home: ()
State:	Zip:	Cell: ()
Social Security Number: - -		Work: ()
Email:		

ASSIGNMENT PREFERENCES

Day(s) of the week	Hours	Area of Interest

EDUCATION

School	Name	City	State
High School			
College or University			
College or University			
Other			

WORK EXPERIENCE

Employer's Name	Employer's Address/Zip Code	Duties	Dates

VOLUNTEER EXPERIENCE

Organization's Name	Type Projects	Duties	Dates

REFERENCES (other than family)			
Name	Relationship	Daytime Telephone Number	
MISCELLANEOUS			
List membership in any professional societies, etc.			
Have you ever worked for Ascension St. Vincent's before? <input type="checkbox"/> <input type="checkbox"/>			
If Yes, provide dates, department and title.			
Dates	Department and Title		
Provide names/departments/relationships of relatives and/or friends employed or volunteering at Ascension St. Vincent's			
How did you learn of our volunteer program?			
Why are you interested in volunteer work?			
Why did you choose Ascension St. Vincent's?			
Have you ever been convicted of a crime (<u>felony</u> or <u>misdemeanor</u> including <u>DUI</u>) other than a routine traffic citation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Offense	Date of Conviction	Where Convicted (City and State)

ASCENSION ST. VINCENT'S VOLUNTEER SERVICES STATEMENT OF POLICY

It is the policy of Ascension St. Vincent's Volunteer Services to provide membership to persons 18 years or older and certain teens 14 to 17 without regard to race, color, gender, age, religion, handicap, or national origin. These members shall conduct themselves in a professional manner at all times and shall demonstrate through example the Core Values of Ascension St. Vincent's: Service of the Poor, Reverence, Integrity, Wisdom, Creativity, and Dedication.

CERTIFICATION BY APPLICANT

I certify that the information given on this application is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for Ascension St. Vincent's Volunteer Services to deny application or terminate my volunteer services status without notice. I further understand that Ascension St. Vincent's Volunteer Services may perform an investigation to determine my suitability for services and I authorize Ascension St. Vincent's Volunteer Services to secure the information necessary to make a decision. I further understand that Ascension St. Vincent's will adhere to the provisions of the Fair Credit Reporting Act and other applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the investigation. I acknowledge by my signature that I have read and understand these statements.

Signature

Date

SPIRITUAL CARE VOLUNTEER APPLICATION

Spiritual Care is a vital aspect of care at Ascension St. Vincent's: [Healthcare That Is Safe, Healthcare That Works, and Healthcare That Leaves No One Behind, for Life](#). Chaplains and Spiritual Care Volunteers are part of the healing team for patients: whoever they are, whatever they believe or don't believe, wherever they are on life's journey.

Spiritual Care Volunteers extend the ministry of hospital chaplains, visiting new patients and providing a welcoming, listening, non-judgmental, and non-coercive presence. Spiritual Care Volunteers respect the privacy of all patients at all times.

As a part of the application process, all Spiritual Care Volunteer applicants must submit one reference from a professional leader of the volunteer's local faith community or from one of the Chaplains at Ascension St. Vincent's.

You may attach answers to the following questions to your application if the space provided is insufficient for your response:

If you are interested in serving as a Spiritual Care Volunteer, what gifts, talents, and interests do you bring to the role?

What benefit do you expect to receive from serving as a Spiritual Care Volunteer?