

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"/> 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: _____	<p>Days</p> <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	<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> _____
<p>Preferred Location(s)</p> <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"/> Alton-Memorial Rehabilitation & Therapy <input type="checkbox"/> Village North/Christian Extended Care	<p>Holidays</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<p>Time</p> <input type="checkbox"/> Morning: <input type="checkbox"/> Afternoon: <input type="checkbox"/> Evening:	
	<p>List Exceptions (use space below): _____</p>	

Community Involvement: Volunteer, civic, church or professional organizations, etc.

Position: _____

Organization _____

Telephone: _____

Address _____

City, State & Zip _____

Education:

Area of Study: _____

School _____

Dates Attended: _____

Address _____

City, State & Zip _____

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?

Yes No, if yes, date: _____

Do you have a valid driver's license? Yes No

Proof of valid car insurance? Yes No

What was your relationship to this person? _____

Religious preference? _____ or None

Why do you want to become a hospice volunteer for Bethesda Hospice Care?

Signature: _____

Date: _____

Mail application to preferred location address listed below:

Bethesda Dilworth
9645 Big Bend Boulevard
St. Louis, MO 63122
Phone: (314) 968-5460

Bethesda Meadow
322 Old State Road
Ellisville, MO 63021
Phone: (636) 227-3431

Bethesda Southgate/Charless Village
5943 Telegraph Road
Oakville, MO 63129
Phone: (314) 846-2000

Hospice Care (all locations)
8175 Big Bend Boulevard, Suite 200
St. Louis, MO 63119
Phone: (314) 446-0623

**Alton Memorial
Rehab & Therapy**
1251 College Avenue
Alton, IL 62006
Phone: (618) 463-7330

Village North/Christian Extended Care
11160 Village North Drive
St. Louis, MO 63136
Phone: (314) 355-8010

BELOW LINE FOR INTERNAL USE ONLY:

Photo ID

EDL Verified

Orientation Completed

Comments:

SSN ID

References Checked

Name Badge Issued

Volunteer Coordinator: _____