



**Shriners Hospitals**  
for Children – St. Louis®

# Volunteer Application

Working together, volunteers and staff provide the excellent care that is the hallmark of Shriners Hospitals for Children. At Shriners Hospitals for Children – St. Louis we provide treatment for children with orthopaedic needs by serving patients who have congenital orthopaedic deformities, problems resulting from orthopaedic injuries, or diseases of the bones, joints, and muscles.

Care at all Shriners Hospitals for Children is provided regardless of the families' ability to pay.

Volunteers assist staff in many areas of our hospital. Some volunteers work directly with patients while others provide support service by working "behind the scenes." Every volunteer position is important and provides a genuine service to our hospital and patients.

Volunteer placement is primarily based on three factors:

- The needs of the hospital
- The kind of work you want to do
- The times you are available

Your interests and talents will be carefully matched with the needs of the hospital. We do this so that your expectations will be met and that your volunteer experience will be a meaningful one.

If you are a caring person, at least 18 years old, who wishes to donate your time, effort, and special skills to help children with orthopaedic problems, you may apply to volunteer. Background checks are completed on all volunteers prior to beginning service. These include checking references, criminal records, and child abuse histories. Tuberculosis tests and proof of immunity to certain diseases are also required. The hospital will provide these medical tests when necessary. All volunteers also must complete a comprehensive orientation program prior to volunteering their services.

**If you would like to apply to volunteer at our hospital, please complete this application and mail or fax it to:**



## PLEASE PRINT

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home – \_\_\_\_\_ Work – \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Are you a Shriner? \_\_\_\_\_

### Education

Name of School: \_\_\_\_\_

Degree or highest level completed: \_\_\_\_\_

Check all that apply: ☐ Student at: \_\_\_\_\_ ☐ Employed at: \_\_\_\_\_

☐ Retired from: \_\_\_\_\_ ☐ Unemployed

**Please fill out second page »**

## Other

Have you ever been convicted of a crime? \_\_\_\_\_

Foreign language(s) you speak: \_\_\_\_\_

Special skills or interests: \_\_\_\_\_

Personal references: *(no relatives please)*

1. \_\_\_\_\_  
Name Relationship Daytime phone number

2. \_\_\_\_\_  
Name Relationship Daytime phone number

Previous volunteer experience: *(please include agency, service dates, duties, and supervisor)*

Availability: ☐ Morning ☐ Afternoon ☐ Evening

Please check all that apply: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Interested in: ☐ Working directly with patients

☐ Working in non-patient areas

☐ Wherever need is greatest

☐ Clerical: Do you have computer skills?  
\_\_ Yes \_\_ No \_\_ Willing to learn

☐ Other: \_\_\_\_\_

## Why do you want to volunteer at Shriners Hospitals for Children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that I am applying for a volunteer position and that this is not an application for employment nor a contract of employment. I further understand that as a volunteer, I may not accept payment for my service and that I will incur the cost of transportation. I certify that all facts and items listed on this application and subsequent forms I complete related to my volunteer service are true, complete and accurate. I understand that any misrepresentation, omission of information, misleading or incomplete data may result in disqualification from consideration or dismissal as a volunteer. I understand that as a volunteer, my service will be at will and may be terminated at any time with or without cause and with or without prior notice. I give my approval to check my employment, volunteer, and personal references as well as criminal and child abuse records. I authorize these references to give any pertinent information that they may have, and I authorize investigation of all statements contained herein. I further release all parties from liability from any damage that may result from furnishing information. I agree to receive any medical tests, drug screenings, and immunizations that may be required, and I authorize the release of all test results and any other related medical information to the management of Shriners Hospitals for Children. I agree to abide by the rules and regulations of Shriners Hospitals for Children.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_