

Our mission is to heal. Our passion is to care.

271 Carew Street
P.O. Box 9012
Springfield, MA 01102-9012
413-748-9074
mercycares.com

Dear Prospective Volunteer:

Thank you for your interest in the Volunteer Services program at Mercy Medical Center. Joining the dedicated team of adult men and women volunteers can be a richly rewarding experience for you. Through volunteering, you will find challenging, enjoyable activities that will be satisfying to you while you perform valuable service to others.

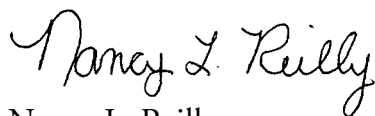
Enclosed you will find the application form to assist us in making the best possible use of your talents. All volunteers are required to complete the following before beginning their service:

- Volunteer Application
- 2 References filled out by someone who has known you for at least one year (not a relative)
- CORI (Criminal Offender Record Information) – filled out when you come in for an interview
- Interview with Volunteer Director
- TB test – done at Mercy Medical Center for free
- Volunteer Orientation

On the application form, please be sure to list two references along with their address and telephone number. No references will be accepted from a family member, and references will be checked by the Volunteer Services Department. Upon receipt of the completed forms and references, we will contact you to arrange a convenient time for a personal interview. If you have any questions regarding the application process please call the Volunteer Office at 748-9074.

I look forward to meeting with you and pursuing your interest in volunteering.

Sincerely,



Nancy L. Reilly
Director of Volunteer Services
Mercy Medical Center
Nancy.Reilly@sphs.com
413-748-9074

Our mission is to heal. Our passion is to care.

ADULT VOLUNTEER APPLICATION

Please print clearly and return to Volunteer Services. The Director of Volunteer Services will then contact you to set up an appointment to discuss volunteer opportunities at Mercy Medical Center.

Today's Date: ___/___/___

Name: _____
 (First) (Middle) (Last)

Mailing Address: _____
 (Street)

 (City) (State) (Zip)

Telephone Number: Home () _____ Work or Cell () _____

E-mail Address: _____

Are you age 18 or older? Yes No (if no, please fill out the Junior Volunteer Application)

How did you hear about the Mercy Medical Center Volunteer Program?

EDUCATION		
High School/College/Trade School	Major/Degree/Emphasis	Graduate?
1.		
2.		

What other classes, workshops, or special training have you had? _____

EMPLOYMENT/EXPERIENCE

- Work Full-time Retired
 Work Part-time Not currently working

Present (or most recent) Employer: _____ Job Title: _____

Have you ever volunteered in another hospital or healthcare setting?

Yes No Where? _____

Have you had any other volunteer experience?

Yes No Where? _____

PERSONAL REFERENCES			
(list 2; references cannot be a relative or an individual with whom you reside)			
Reference Name	Address	Phone	Relationship
1.			
2.			

SERVICE AND TIME PREFERENCE:

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you prefer to volunteer on:

Mornings

Between 8am-12pm

Afternoons

Between 12pm-4pm

Evenings

Between 4pm-8pm

Would you prefer:

Patient interaction:

Directly interfacing with patients

Office Assistance:

Clerical duties with minimal patient interaction

Both

Is there a specific department you would like to volunteer in? _____

Languages (other than English) _____ Speak Read Write

_____ Speak Read Write

EMERGENCY NOTIFICATION

In case of an emergency, whom do you wish to be notified?

Name _____ Relationship _____

Home Telephone _____ Work or Cell Telephone _____

PERSONAL STATEMENT

Please tell us what you hope to gain from volunteering at Mercy Medical Center. You may also describe any skills and/or experiences you possess and would be willing to utilize in volunteering at Mercy Medical Center (i.e. computer knowledge, customer service skills, food service experience, office skills).

Final volunteer placement is contingent upon satisfactory completion of all pre-volunteer procedures including an interview, criminal background investigation, health clearance and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies of Mercy Medical Center and the Volunteer Services Department.

Volunteer Applicant _____
Signature Date

For Internal Use Only

- References received
- CORI received
- Interview completed
- CORI reviewed
- TB test completed
- Orientation scheduled
- Orientation completed
- Department interview

Assignment _____ Day: _____ Time: _____

Our mission is to heal. Our passion is to care.

VOLUNTEER REFERENCE FORM

Personal Reference Request:
(Family members or individuals who share the applicant's household may not serve as references.)

Applicant's Name: _____ Date: _____

The person named above has applied to Mercy Medical Center for a volunteer position and has given your name as a reference. As a volunteer this individual may work directly with our patients, therefore we need assurance that they are qualified to do so. The individual must understand and honor the hospital's policy on patient privacy and must respect and keep confidential all information concerning patients and the hospital.

Please evaluate the applicant's ability to:

CATEGORY	EXCELLENT	VERY GOOD	GOOD/AVERAGE	FAIR	POOR
Fulfill commitments					
Be on time					
Take initiative					
Respect others					
Work as a team player					
Problem-solve					
Maintain confidentiality					
Respond to stress					
Communicate effectively					
Adapt to change					
Make sound choices					

How long have you known the applicant? _____ In what capacity? _____

What type of volunteer position do you recommend this applicant for?

Patient interaction: _____
 Office Assistance: _____
 Combination of both
 Directly working with patients Clerical duties w/ minimal patient interaction

Please explain: _____

Print your name: _____ Phone (_____) _____

Signature _____ Date _____

Return to Volunteer Applicant in a sealed envelope or mail to: Mercy Medical Center
 ATTN: Volunteer Services
 271 Carew Street
 Springfield, MA 01102