



Regional Medical Center
190 East Bannock Street
Boise, Idaho 83712

(208) 381-2265

Meridian Medical Center
520 South Eagle Road
Meridian, Idaho 83642

(208) 706-5612

Wood River Medical Center
100 Hospital Drive
P.O. Box 100
Ketchum, Idaho 83340

(208) 727-8407

Volunteer Service Application

Date

Facility Desired to Volunteer: [ ]Boise [ ]Meridian [ ]Wood River

Name (First, Last, MI):

Address (mailing)

City: State: Zip:

Home Phone : Business Phone: Cell Phone:

Employer Phone: Email:

Have you, at any age, ever been convicted of a crime (including withheld judgements, or other plea agreements, and any pending charges)? Crimes include: felonies, misdemeanors, traffic violations, etc. Note: Answering "yes" does not automatically exclude you from volunteering. [ ] No [ ] Yes

If yes, or not sure, please explain.

Please check age group: [ ] 19-40 [ ] 41-60 [ ] Over 60
(this information for volunteer placement in the organization only)

EDUCATION

I have completed: [ ]high school [ ]some college [ ]college [ ]graduate school

Other: Degree or Major:

AVAILABILITY

I would be able to volunteer: [ ] morning [ ] afternoon [ ] evenings

(Please check all that apply:)

Days Preferred: [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat [ ] Sun

Beginning:(month/year): / How long are you willing to commit to volunteer (One Year Minimum)?

EXPERIENCE

Please list previous volunteer experience:

Prior work experience for past 5 years:

Service Preferred:

INTEREST

Hobbies, Skills, Special Interests:

Community Affiliations: \_\_\_\_\_

What are your expectations? \_\_\_\_\_

Give three (3) personal references: (Do not include relatives)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

***Wood River Facility -Please answer the following questions.***

Can you commit to ONE 3-hour shift per week?  Yes  No

How many months per year would you be available to volunteer: \_\_\_\_\_

Which months would you be able to volunteer: \_\_\_\_\_

If applying for **CHAPLAIN INVOLVEMENT**, please list church affiliation: \_\_\_\_\_

How Long: \_\_\_\_\_ Position in Church: \_\_\_\_\_ Length of time in ministry: \_\_\_\_\_

Have you ever been a hospital chaplain?  Yes  No Licensed: \_\_\_\_\_ Ordained: \_\_\_\_\_

***HOSPICE VOLUNTEER - Please answer the following questions***

Personal Experiences with Death: \_\_\_\_\_

Recent losses: \_\_\_\_\_

Briefly describe in your own words - "Why I want to be a Hospice Volunteer".  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit to a 20 hour training period?  Yes  No

Can you commit to 4 hours per week?  Yes  No

Do you have a car available?  Yes  No

If you are accepted as a volunteer for St. Luke's, all information you receive is confidential and not to be disclosed without the appropriate consent by St. Luke's. Any breach of confidentiality may result in termination of your service as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_



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*Background and Investigation Notice/Authorization  
for Volunteers of St. Luke's*

In connection with my application for volunteering at St. Luke's, I understand that criminal background investigation check will be conducted on myself going back 10 years. I also understand St. Luke's may be requesting information concerning my worker's compensation claims, motor vehicle operations history, criminal and civil history from various private and public sources along with other public records available.

I authorize and release from all liability, without reservation, St. Luke's, Premier Background Services, and any law enforcement agency, administrator, state/federal agency, institutions, schools, information service bureau, employer, employee, company or persons gathering or furnishing the above mentioned information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be valid as the original.

Print name \_\_\_\_\_

Volunteer signature \_\_\_\_\_

Today's date \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Report date of birth is used exclusively to verify an applicant's background information.**

Dear Volunteer:

Please provide us with the following information to help expedite the completion of a Background Investigation.

Name: \_\_\_\_\_

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

Social Security # : \_\_\_\_\_

Listing of all cities and states in which you have lived or worked over the last 10 years:

<b>Dates:</b>	<b>City:</b>	<b>State:</b>	<b>County:</b>	<b>Comments:</b>

**IF DRIVING RESPONSIBILITIES AS A VOLUNTEER: PLEASE FILL IN THE BOX BELOW**

<b>Drivers License Information:</b>	Expiration Date _____
State Issued _____	License Number _____

Please attach this sheet, completed, to the Background and Investigation Notice/Authorization Form and return to your manager.

Thank You!