

OSF HealthCare Sacred Heart Medical Center
Volunteer Services Department
2018 Volunteer Application Information

Dear potential new volunteer~

Thank you for your inquiry regarding about volunteer opportunities available at OSF HealthCare Sacred Heart Medical Center. We are pleased that you are interested in our volunteer program!

Please take a few moments to review this application packet and complete the application form. You will find in the packet, a complete listing of volunteer opportunities available. After completing the application form, please return it to us:

- By fax (217-477-2928)
- E-mail to: SHMC.VolunteerServices@osfhealthcare.org
- Or via USPS to OSF Sacred Heart Medical Center,
812 N. Logan Avenue. Danville, IL 61832

When I receive your completed application form, I will contact you to arrange a time for us to get together in the near future to discuss volunteer opportunities and answer any questions you might have about the process.

We have a wonderful and diverse group of dedicated volunteers committed to the Mission of OSF Healthcare. OSF Mission states: ***In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.***

Volunteer opportunities are extensive and include services such as Information Desk, Surgical Waiting Room hosts, Ambulatory Surgery, Patient wheelchair transport (Red Vests), Gift Shop, Pastoral Care, and administrative support. Please see the enclosed information sheet for a complete listing. Our projects are great for both men and women.

I hope to hear from you soon. In the meantime, please feel free to call me at in 443-5279 in Danville. You can also E-mail me at Jennifer.J.Reffett@osfhealthcare.org if you have any questions. I look forward to talking with you soon.

Again, thank you for your interest in our volunteer program!

Sincerely,
Jennifer Reffett

OSF HealthCare Sacred Heart Medical Center

Volunteer Application Procedure

Thank you for your interest in our volunteer program. The following information will guide you through the application process for a volunteer position with OSF Sacred Heart Medical Center. We encourage you to review the entire information packet carefully and contact us with any questions.

Application Form

After completing the application form, please return it to us:

- By fax (217-477-2928)
- Scan and E-mail to: SHMC.VolunteerServices@osfhealthcare.org
- Or via USPS to **OSF Sacred Heart Medical Center
812 N. Logan Avenue, Danville, IL 61832**

When we receive it, we will contact you to arrange a time for us to get together to discuss volunteer opportunities in the near future. We can answer any questions and help with completing the required health documentation. (forms included in packet)

Interviews:

All interviews will be conducted in the Volunteer Services department located in the ground level at OSF Sacred Heart Medical Center.

Preparing for a Volunteer Assignment

- **Volunteer candidates are required to attend volunteer orientation before beginning a volunteer assignment. Volunteer staff will advise you of available scheduled sessions. We also offer the option of completing the material review electronically or in your own home.**
- **Each new volunteer will be given the opportunity to shadow in a department before making a commitment and will be provided training for that assignment. You will be provided a volunteer “mentor” to guide you before you take a solo assignment.**
- **Every applicant must be able to provide Social Security # at the time of interview to complete the information necessary to conduct a background check.**
- **Volunteer candidates are required to provide three references. *Relatives cannot serve as references for volunteer candidates.* (forms included in packet)**

Health Requirements:

- **Candidates must show proof of immunity against Rubella, Rubella (measles) and Chicken Pox.**
- **Each volunteer is required to have a "2-Step" TB test (2 injections) test within the last 3 months. The two injections must be done 7 – 20 days apart.**
- **During your interview, we will explain how these requirements can be met and assist you with the process.**

OSF Sacred Heart Medical Center is committed to offering a quality volunteer experience to individuals in our program. We are seeking motivated individuals who enjoy a challenge and are anxious to learn in a mission- focused patient care environment.

OSF HEALTHCARE SACRED HEART MEDICAL CENTER VOLUNTEER DESCRIPTION of OPPORTUNITIES

Cancer Center

You will provide infusion patients with drinks/snacks, walk labs to the hospital, clean patient chairs when discharged, keep magazines organized, and help tidy the coffee maker. Volunteers must be able to do a lot of walking and have good people skills.

Administrative Support

Work in various offices within the Medical Center to help answer phones, photocopying, mailings, various duties as assigned. Hours would be during regular business hours Monday – Friday 8 a.m. – 4 p.m.

Emergency Department

Volunteers in the ED provide clerical assistance, assist in stocking and restocking supplies, greet and direct visitors and patients throughout the Medical Center, assist with transport of patients via wheelchair to other departments and nursing units. Monday thru Sunday usually 3 hour shifts.

Gift Shop

Volunteers will assist with cash register sales, customer service, gift wrapping, and more. The gift shop provides a very friendly and pleasant work environment.

Information Desk

Volunteers greet and direct patients/visitors to vital areas in the hospital, receive and transfer telephone calls , look up room numbers.

Out of House

Make baby caps, receiving blankets, afghans, and quilts. Help with special project and events as needed.

Radiology Waiting Area

Volunteers are needed daily to greet, direct and monitor patients for comfort and or needs, take patient to dressing room and give him/her gown and give the patient the proper instructions, maintain neat appearance of waiting room, and assist with clerical tasks as requested.

Red Vest

Volunteers are needed to provide transport services to patients in the front lobby area and throughout the hospital by walking or wheelchair. Red Vest volunteers also deliver laboratory specimens and blood.

Surgery Waiting Room

Greets, directs, and responds to family members of surgical patients. Gives information to family regarding patient's location as notified by staff, receives and transfers telephone calls, and maintains neat appearance of the waiting room.

Transport Assistant

Assist staff with transporting patients by wheelchair, bed, or gurney within the hospital. Monday thru Sunday shifts.

Adult Volunteer Application Please type or print
OSF Sacred Heart Medical Center

Name _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>Last</i>	<i>First</i>	<i>Middle Name</i>			
Local Address _____		Apt.# _____	City _____	State _____	Zip _____
<i>Street</i>					
Permanent Address (if different from above)					
Address _____		Apt.# _____	City _____	State _____	Zip _____
<i>Street</i>					
Birth Date _____ / _____ / _____	Daytime Phone _____		Cell Phone _____		
<i>(Year optional)</i>					
Email _____					
Last Year of School Completed _____		High School _____	College _____	Grad School _____	Degree Obtained _____

Please state what you would like to get out of this volunteer experience.

Do you have any physical limitations which prevent you from doing certain types of tasks? Yes No
 If yes, please explain: _____

Previous Work, Volunteer and Community service experience

Organization	Position Held	Date of Experience

Please provide three (3) professional references (former employers, pastors, etc.)

Name	Address	Email

How many hours each week do you wish to volunteer? _____

Which shifts do you wish to volunteer?

Monday __a.m__p.m. Tuesday __a.m__p.m. Wednesday __a.m__p.m. Thursday __a.m__p.m. Friday __a.m__p.m. Sat. __a.m__p.m. Sun. __a.m__p.m

Assignments: Please indicate areas or departments that you are willing to be assigned.

1 _____ 2 _____ 3 _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding a volunteer decision and I release all such persons from any liability regarding the provision or use of such information.

Signature _____ Date _____

**OSF Sacred Heart Medical Center
Volunteer Services
Volunteer Applicant Health Survey**

Name _____ Phone _____
Last First M.I.

Address _____ Apt # _____ City _____ State _____ Zip _____

Email Address _____ Gender Male Female

Emergency Contact _____
Name Phone Relationship

Your Physician _____ Clinic _____ Phone _____

Do you now have or have you ever had Chickenpox? Yes No

Have you ever had a positive reaction to a T.B. test? Yes No

List any known allergies to food, medications, and/or environmental substances: _____

Have you had a tetanus shot in the last 10 years? Yes No

Do you have any health conditions/restrictions you feel we should be aware of? _____

I understand that physician's approval may be required for my participation in the volunteer program at Presence United Samaritans Medical Center.

Applicant Signature _____ Date _____

Parent/Guardian signature for student under 18 years of age:

Parent/Guardian Signature _____ Date _____

Illinois State Police Background Check Information

Then following information will be given to the Illinois State Police Department to conduct a background check on the volunteer applicant. Please fill out all fields.

Name _____ Birth Date / /
Last First M.I.

Gender Male Female

Race _____

Valid codes for Race
 White..... W
 Black..... B
 Asian/Pacific Islands.....A
 American Indian/Alaskan. I
 Unknown.....U

Subject Signature: _____ If you have any questions, please contact the Illinois State Police Department, Division of Administration, Bureau of Identification, 260 N. Chicago Street, Joliet, IL, 60432-4075

Date _____

Dear _____

_____ has applied for a volunteer position at OSF Sacred Heart Medical Center. To meet accreditation requirements, we are requesting your input or feedback regarding your knowledge of the applicant's strengths and skills. We have requested information in short-answer format for your convenience, but you are welcome to provide additional comments. Thank you for your time. **Acceptance of being a volunteer at OSF Sacred Heart Medical Center is contingent upon completion and return of this form.** OSF Sacred Heart Medical Center, completed forms may be mailed to 812 N. Logan in Danville, 61832, or faxed to 217-477-2928. Forms may also be emailed to SHMC.VolunteerServices@osfhealthcare.org. Thank you for your assistance in providing for this volunteer opportunity!

Name of Volunteer Applicant _____

In what capacity have you known this person? _____

How long have you known him/her? _____

Is he/she someone you feel is dependable? Yes _____ No _____

Would he/she be able to follow instructions and adhere to guidelines on issues such as confidentiality and emergency procedures?
Yes _____ No _____

Do you have any reservations about this person's ability to be an OSF Volunteer?
Yes _____ No _____

If yes, please explain _____

Does this person exhibit good judgment? Yes _____ No _____

What are some strengths of the applicant? _____

Name: (Please print) _____

Signature: _____

Title: _____

Organization: _____

Date: _____

I authorize the above named person to release the information requested to Sacred Heart Medical Center.

Applicant's Signature

Applicant's Name (Please print)

Date _____

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