

OSF HealthCare Heart of Mary Medical Center Volunteer Application



Thank you for your interest in volunteering with OSF HealthCare Heart of Mary Medical Center! The following information will guide you through the application process. We encourage you to review the entire information packet carefully and contact us with any questions.

Application Forms

After completing the application please return it to us:

- Scan and E-mail to: HMMC.VolunteerServices@osfhealthcare.org
- Or mail to: OSF Heart of Mary Medical Center
Volunteer Services
1400 West Park
Urbana, IL 61801

Program Eligibility

- Minimum age of 16
- Meet health requirements (immunizations and vaccinations)
- Every applicant will be subject to a background check.
- Have a desire to serve others with a listening ear and a loving, caring heart
- Volunteers are asked to commit to 3-4 hours per week for a minimum of 6 months.
- **College internships are unpaid and only for students participating in a course requiring the internship for course credit. At this time, we are limiting our internships to the following:**
 - **University of Illinois Urbana Champaign, College of Applied Health Science undergraduate Community Health, Interdisciplinary Health students**
 - **University of Illinois Urbana Champaign, School of Social Work for both BSW and MSW students**

Health Requirements

Volunteer Services staff can assist with resources to meet health requirements.

- Proof of two MMR vaccinations or positive Measles, Mumps, and Rubella titers
- Immunity to Chicken Pox as evidenced by history of disease, positive titer, or proof of two vaccinations
- Series of three Hepatitis vaccinations or antibody proof
- 2 Step TB skin test (PPD) or QuantiFERONTB Gold Plus test within the last 90 days or proof that exempt from being able to take the TB skin test such as a negative chest x Ray
- Current season flu and COVID-19 vaccine

QUESTIONS?

Call Volunteer Services 217-337-2378 Office hours: Mon-Fri, 8 a.m. - 4:30 p.m. (excluding holidays)

E-mail at: HMMC.VolunteerServices@osfhealthcare.org

Volunteer Services Office is located in the Community Resource Center at
OSF HealthCare Heart of Mary Medical Center

1400 W. Park, Urbana

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Please type or print

Name _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Last</i>	<i>First</i>	<i>Middle Name</i>	Pronoun _____	
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 _____ / _____ / _____	Home Phone _____		Cell Phone _____	
Email _____				
Education level: _____				
School/College: _____				
Major Concentration: _____				
Emergency Contact: Name _____			Relationship _____	
Phone _____		Email: _____		

Work Experience

1. Employer Name: _____
City: _____ State: _____
Please describe your job role and responsibilities: _____
2. Employer Name: _____
City: _____ State: _____
Please describe your job role and responsibilities: _____
3. Employer Name: _____
City: _____ State: _____
Please describe your job role and responsibilities: _____

Volunteer and Community Service Experience

1. Organization: _____
City: _____ State: _____
Please describe your volunteer role and responsibilities: _____
2. Organization: _____
City: _____ State: _____
Please describe your volunteer role and responsibilities: _____
3. Organization: _____
City: _____ State: _____
Please describe your volunteer role and responsibilities: _____

Availability

My availability is:

- ____ Ongoing
- ____ Ongoing, except between these dates: _____
- ____ Only between these dates: _____

I would like to serve up to: ____ hours ____ daily ____ weekly ____ monthly ____ One time

I am available the following shifts:

Monday ____ am ____ pm Tuesday ____ am ____ pm Wednesday ____ am ____ pm Thursday ____ am ____ pm
Friday ____ am ____ pm Saturday ____ am ____ pm Sunday ____ am ____ pm

Assignment Preference:

- ____ Clinical Support Team
- ____ Greeter and Escort Team
- ____ Support Team

Do you have any physical limitations which prevent you from doing certain types of tasks? Yes No

If yes, please explain: _____

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

Post Application Process

Once your online form is submitted you will be contacted by HMMC.VolunteerServices@osfhealthcare.org or by phone for next steps.

If applying for a college internship, please submit your resume and cover letter to the email listed above after submitting your application.

Parent/Guardian information if under the age of 18

If you are under 18 years of age please provide your parent/legal guardian name and relationship here

Applicant Signature

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.

Applicant Signature

Date

Parent/Legal Guardian (if applicant is under the age of 18)

Date