

ELECTRONIC VOLUNTEER APPLICATION

To become a Saint Joseph's Mercy Care Services volunteer, fill out the online application. The application will be reviewed and you will be contacted by our Volunteer Coordinator. New volunteers must attend an orientation session, be interviewed by a department staff member and receive on-the-job training.

CONTACT INFORMATION

First Name	<input type="text"/>	Initial	<input type="text"/>
Last Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Home Phone	<input type="text"/>		
Work Phone	<input type="text"/>		
Mobile	<input type="text"/>		
Fax	<input type="text"/>		
E-mail address	<input type="text"/>		

EMPLOYMENT/EDUCATION

Have you completed high school?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently enrolled in college/university?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you presently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where	<input type="text"/>			
Fields of expertise	<input type="text"/>			
Certification	<input type="text"/>			

AVAILABILITY

Days available	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday						
Hours available	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening				
Do you require special accommodations due to handicap?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						

Languages spoken	<input type="text"/>
Special skills	<input type="text"/>

Is there a specific Mercy Care site where you want to volunteer?

Yes

No

If so, where?

Describe in brief what you want to achieve and what you would like to get in return

Where did you heard about SJMCS?

Comments