

# VOLUNTEER APPLICATION: COVID-19 SURGE SUPPORT



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

Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Birthdate: \_\_\_\_\_

Y  N Have you ever been an employee or volunteer at St. Peter's Health? If yes, which department?  
\_\_\_\_\_

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

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

Y  N Have you volunteered in a health care setting before? If yes, where?  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## INTERESTS:

I am interested in (check all that apply):

### Miscellaneous Services:

- Folding laundry
- Parking & Direction attendant (outside)
- Escorting (must be able to walk distances)
- Clinical Experience available  
What type? \_\_\_\_\_
- Currently Licensed?  Y  N
- Registration Desk at COVID-19 Clinics
- Wherever I'm needed most!

### EVS Services

- Cleaning in non-clinical areas
- Vacuuming in common areas
- Removing non-regulated waste
- Floor Sweeping
- Removing linen, trash & equipment from discharged patient rooms

### Nutrition Services

- Delivering food to patient rooms
- Stocking cafe & cleaning cafe
- Washing dishes & cleaning in the kitchen

How did you hear about volunteering? Check all that apply:

- St. Peter's Volunteer  Newspaper/Media
- Website  Other: \_\_\_\_\_
- Family/Friend

Why are you interested in volunteering?  
\_\_\_\_\_  
\_\_\_\_\_

## KNOWLEDGE, SKILLS & ABILITIES:

Preferred activity level (check all that apply):

- Sitting  Standing
- Walking  No Preference

Please list any special skills, interests or hobbies that would apply to volunteering.  
\_\_\_\_\_  
\_\_\_\_\_

## AVAILABILITY:

Y  N Are you a current St. Peter's employee? If yes, which department?  
\_\_\_\_\_

Y  N Is there a specific volunteer position(s) or department(s) you are you interested in? If yes, which department(s)?  
\_\_\_\_\_  
\_\_\_\_\_

Y  N Are you a current student? If yes, what is the name of the institution?  
\_\_\_\_\_  
\_\_\_\_\_

Which day(s) of the week would you like to volunteer (check all that apply)?

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Do you have a shift preference (check all that apply)? You may not be required to work entire shift.

Morning (8 am – noon)    Afternoon (1 pm – 5 pm)    Evening (6 pm – 10 pm)    Night (after 10 pm)  
 Split 1 (11am – 1 pm)    Split 2 (10 am – 2 pm)    Split 3 (4 pm – 6 pm)    Anytime

If needs arise, would you be able to pick up a volunteer shift outside of your schedule?

Yes, on quick notice.    Maybe, depends on lead time.    No, I can only help during the schedule selected above.

### PAST VOLUNTEER EXPERIENCE:

Please include organization, title, position duties, and the start/end date.

1. \_\_\_\_\_
2. \_\_\_\_\_

### REFERENCES:

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

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

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### EMERGENCY CONTACTS:

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

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Final decisions on volunteer assignment and placement will vary and are based on ability of volunteer to perform the duty and depend on both departmental and volunteer schedules. By signing this application:

- I give permission for the Volunteer Department of St. Peter's Health to contact my references and conduct a criminal check.
- I verify that I have never been convicted of a felony.
- I verify that the information on this application is true.

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

Please return this completed application via email to:

Susan Buhr, Volunteer Coordinator, People Development  
sbuhr@sphealth.org

Or via postal mail to:

St. Peter's Health  
Susan Buhr, People Development, Volunteers  
2475 Broadway  
Helena, MT 59601