



**ST. Joseph's/Candler**  
Volunteer Services

Dear Prospective Volunteer,

I am excited to share some information about the Volunteer programs at St. Joseph's/Candler with you! We are always looking for energetic, dependable individuals over the age of 21 who can make a commitment of 4 hours per week to join our team. Both hospitals have many areas that could use an extra pair of hands and a smiling face. Our volunteers (which include women and men) have been enriching the lives of our patients since 1963 and have raised over 9 million dollars to improve patient care!

If you have some time to fill and would like to talk more about joining our awesome team, please complete the enclosed application, two completed reference questionnaires (from people who are not related to you), and background check forms, and drop it by either gift shop, in the application drop boxes at either campus, or mail it to SJ/C Volunteer Services, 5353 Reynolds Street, Savannah, GA 31405. Emailed packets are not accepted.

All volunteers born after January 1, 1957, are also required to submit a copy of their Immunization Records to show two Measles Mumps and Rubella immunizations. If you are not able to provide a copy of your Immunization Record, a titer test can be done at the Chatham County Health Department to show that you have been immunized. St. Joseph's/Candler does not cover the cost of the titer test.

After we receive your completed application, we will submit your background check for processing. After we receive clearance, which usually takes 5-7 business days, we will contact you to schedule your orientation, TB screening, and badge.

Thank you for your interest in St. Joseph's/Candler and our Volunteer Program. We look forward to meeting with you as you pursue a successful volunteer career.

Sincerely,

Holly M. Weiss, CDVS  
Director, Volunteer Services

## **St. Joseph's/Candler Volunteer Areas**

- **Emergency Room** (*St. Joseph's only*): Volunteers assist staff by running errands, filing, cleaning rooms, getting refreshments for visitors, and various other tasks. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Gift Shops**: Volunteers staff our gift shops where they assist customers and operate cash registers. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Information Desk** (*Candler only*): Answer telephone and direct visitors at the main entrance, the LifeCare Center. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Lewis Cancer Research Pavilion Infusion @ Candler Campus**: Assist patients as needed by getting refreshments or blankets, and assist staff with stocking supplies. Shifts are Monday – Friday 9AM – Noon and Noon until 3PM.
- **Neonatal ICU** (*Candler Only*): Serve in the Level II NICU and assist staff by stocking supplies, answering telephone calls, etc. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Neuro ICU** (*St. Joseph's only*): Answer telephone, take messages for family members, enforce ICU guidelines, and answer or seek answers to questions. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Nursing Areas**: Assist staff with directing visitors, restocking shelves, answering telephones, filing, etc. Shifts are every day 9AM – 1PM, 1PM – 5PM, and 5PM – 8PM.
- **Office Areas**: Assist staff with answering telephones, filing, etc. Shifts are Monday – Friday, 9AM – 1PM and 1PM – 5PM.
- **Patient Relations**: Visit newly admitted patients to ensure customer satisfaction. Shifts are Monday – Friday, 9AM until 1PM.
- **SMART Visitation**: Volunteers go room to room on nursing units visiting patients to ensure patients' needs are met and assists where appropriate. Shifts are any day 9AM – 1PM and 1PM to 5PM.



This company is an equal opportunity employer and does not discriminate on the basis of race, creed, color, age, sex, disability or national origin. Applicants are subject to criminal background check.

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
PHYSICAL ADDRESS CITY STATE ZIP CODE

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ Do you text? \_\_\_\_\_  
TELEPHONE NUMBERS

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: ☐ MALE ☐ FEMALE

MARITAL STATUS: ☐ Single ☐ Widowed ☐ Married - Spouse's first name: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

What Social Media platforms do you utilize? ☐ Facebook ☐ Instagram ☐ Twitter ☐ None

### **EDUCATION**

Highest Level of Education Completed: ☐ HIGH SCHOOL/GED  
COLLEGE ☐ 1yr ☐ 2yrs ☐ 3yrs ☐ 4yrs ☐ Masters ☐ Doctorate

Are you currently in school? ☐ NO ☐ YES If yes, what school? \_\_\_\_\_

### **MILITARY SERVICE**

Have you served in the military? ☐ NO ☐ YES

If yes, please indicate what branch of the military and length of service: \_\_\_\_\_

**Previous Volunteer or Civic Experience:** (Please list organization, dates, and position/responsibilities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? ☐ NO ☐ YES - My employer is: \_\_\_\_\_

**Special Skills** (computer programs, web design, social media, organizer, scrapbooking, etc.)

\_\_\_\_\_  
\_\_\_\_\_

LOCATION \_\_\_\_\_ ST. JOSEPH'S HOSPITAL - 11705 Mercy Boulevard

PREFERRED\*: \_\_\_\_\_ CANDLER HOSPITAL - 5353 Reynolds Street

\_\_\_\_\_ OTHER: \_\_\_\_\_

*\*Please note: We currently do not have any volunteer opportunities at our Pooler campus.*

*Please continue on reverse*

How did you learn of our Volunteer Program? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Why do you want to volunteer with St. Joseph's/Candler? \_\_\_\_\_

Who can we thank for referring you? (Name and Phone #) \_\_\_\_\_

In what areas of the hospital are you interested in volunteering? (see available areas on back of letter)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Days preferred: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

Hours preferred: ☐ 9AM-1PM ☐ 1PM-5PM ☐ 5PM-9PM

**We ask that all volunteers make a minimum commitment of at least 6 months and volunteer for at least one four hour shift per week.**

ARE YOU CURRENTLY SEEKING EMPLOYMENT? ☐ YES\* ☐ NO

\* If yes, please secure employment and then send in your application.

\*\*\* Please note that volunteering at SJCHS does not influence employment. Our volunteers do not work in areas that are seeking employees.

Are you able to commit to volunteer one 4 hour shift per week for at least 6 months? ☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

Have you ever worked for St. Joseph's/Candler Health System? ☐ YES ☐ NO

If yes, where? \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever volunteered with St. Joseph's/Candler? ☐ YES ☐ NO

If yes, where and why did you leave? \_\_\_\_\_

Are you related to anyone that works for St. Joseph's/Candler? ☐ YES ☐ NO

If yes, name and department: \_\_\_\_\_

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by St. Joseph's/Candler Health System. I understand and agree to the fact that this agreement is for participation with St. Joseph's/Candler Health System as a Volunteer and that I will not be compensated for my time now or in the future.

I also understand that volunteering does not lead to employment with St. Joseph's/Candler (employment opportunities can be found at [www.sjchs.org/jobs](http://www.sjchs.org/jobs)).

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

Complete applications should include:

1. Application
2. Two sealed reference questionnaires
3. Background Check forms
4. Immunization records if you were born after January 1, 1957 showing MMR immunizations



## Volunteer Background Release

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name (First, Middle, Last): _____                                                                                                                         |  |
| Maiden Name (First, Middle, Last): _____                                                                                                                  |  |
| Dates Maiden Name Used (from-to): _____ to _____                                                                                                          |  |
| Social Security Number: _____ - _____ - _____ Drivers License State/Number: _____ / _____                                                                 |  |
| Home Telephone: (_____) _____ - _____                                                                                                                     |  |
| Date of Birth (Month-Day-Year): _____ - _____ - _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female ( <i>Optional</i> ): Race: _____ |  |

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| <u>Current Address:</u>                                                   | <u>Month/Year</u> |
| Street: _____                                                             | From: _____       |
| City, State (County): _____                                               | To: _____         |
| <u>Chronologically list all places of residence for the past 10 years</u> |                   |
| Street: _____                                                             | <u>Month/Year</u> |
| City, State (County): _____                                               | From: _____       |
| Street: _____                                                             | To: _____         |
| City, State (County): _____                                               | From: _____       |
| Street: _____                                                             | To: _____         |
| City, State (County): _____                                               | From: _____       |
| Street: _____                                                             | To: _____         |
| City, State (County): _____                                               | From: _____       |

The purpose of this release is to allow St. Joseph's/Candler (referred to as "Company"), Professional Screening & Information, Inc., or their assigns, to obtain pre-volunteer information which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all government laws.

I am aware I have the right to make a written request of Professional Screening & Information, Inc., Post Office Box 644, Rome, GA 30162, or call them collect at 706.235.7574, to obtain a free copy of my background investigation, within a reasonable period of time, if an employment decision has been influenced by information contained in a background investigation report. In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.

If the company considers the background report unfavorable, I agree that the company may deny me the assignment or discharge me from volunteering. I release the company, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-volunteering, reassignment, and/or retention as a volunteer.

I certify that the information contained within the volunteer application and background release are complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Client: <u>St. Joseph's/Candler</u> <input type="checkbox"/> Hospital with Credit <input checked="" type="checkbox"/> Hospital without Credit |
|-----------------------------------------------------------------------------------------------------------------------------------------------|

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize St. Joseph's/Candler Health System to conduct a Criminal History Background Inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

\*\* ALL FIELDS ARE REQUIRED

| FULL NAME (PRINT)      MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID                                                                                                                              |                                                                                                                                                                             |               |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------|
| <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> |                                                                                                                                                                             |               |                                                                            |
| ADDRESS                                                                                                                                                                                                            |                                                                                                                                                                             |               |                                                                            |
| STREET                                                                                                                                                                                                             |                                                                                                                                                                             |               |                                                                            |
| CITY, STATE, ZIP                                                                                                                                                                                                   |                                                                                                                                                                             |               |                                                                            |
| SEX                                                                                                                                                                                                                | RACE                                                                                                                                                                        | DATE OF BIRTH | SOCIAL SECURITY NUMBER                                                     |
| <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> UNKNOWN                                                                                                               | <input type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> UNKNOWN |               | <input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER |

CHECK ONE BOX

☐ This authorization is valid for \_\_\_\_\_ days from the date of signature.

☒ I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Purpose Code Used: (check one)

| NON-CRIMINAL JUSTICE PURPOSES       |                                                                                 |
|-------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | E - Employment / Volunteer Work / Tenancy                                       |
| <input type="checkbox"/>            | M - Working with Mentally Disabled PROVIDING 24/7 CARE - NOT for Volunteer work |
| <input type="checkbox"/>            | N - Working with Elderly - NOT for Volunteer work                               |
| <input type="checkbox"/>            | W - Working with Children - NOT A VOLUNTEER - NOT for Volunteer work            |

☐ ORI STAMP REQUESTED

St. Joseph's/Candler Health System  
Volunteer Reference Questionnaire

Potential Volunteer Name: \_\_\_\_\_

The person named above is being considered for a volunteer placement with St. Joseph's/Candler Health System and has selected you to provide a reference. Please check boxes below how you would generally characterize the applicant with respect to their acceptability to volunteer in a hospital.

| Please check the following | POOR                     | FAIR                     | GOOD                     | EXCELLENT                | UNABLE TO JUDGE          |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reliability                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Direction             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Skills       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion for others      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respectfulness of others   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any reservations or concerns about the applicants ability to:

Maintain confidential information? YES ☐ NO ☐

Volunteer with children or vulnerable adults? YES ☐ NO ☐

Handle money/merchandise? YES ☐ NO ☐

Work independently without direct supervision? YES ☐ NO ☐

Would you recommend them to be a volunteer in a healthcare setting? YES ☐ NO ☐

Are there any comments you would like to make?

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

Relationship to applicant: \_\_\_\_\_

Years Known: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Please return this form by email to [weiss@sjchs.org](mailto:weiss@sjchs.org) or place in sealed envelope with your signature on the back of the envelope and return to potential volunteer to submit with their application.

Thank you so much for your help!

St. Joseph's/Candler Health System  
Volunteer Reference Questionnaire

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| Responsibility             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Direction             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Skills       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion for others      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respectfulness of others   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any reservations or concerns about the applicants ability to:

Maintain confidential information?

YES ☐ NO ☐

Volunteer with children or vulnerable adults?

YES ☐ NO ☐

Handle money/merchandise?

YES ☐ NO ☐

Work independently without direct supervision?

YES ☐ NO ☐

Would you recommend them to be a volunteer in a healthcare setting?

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Date: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

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