



ST. Joseph's | Candler
Live smart.

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 and background check forms and drop it by either gift shop, in the application drop boxes at either campus, email it to weissh@sjchs.org, mail it, or fax it to (912) 819-5889.

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 conduct a reference check and 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 Hospital	Candler Hospital
11705 Mercy Boulevard	5353 Reynolds Street
Savannah, Georgia 31419	Savannah, Georgia 31405
(912) 819-4100	(912) 819-6000

1804 Candler Hospital • 1832 Georgia Infirmary • 1875 St. Joseph's Hospital • 1886 Mary Telfair Hospital for Women

REFERENCES

List 3 persons you are not related to, whom you have known at least one year personally or professionally.

NAME	Email	Phone	
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional

How did you learn of our Volunteer Program? _____

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

In what areas of the hospital are you interested in volunteering?

1st choice) _____ 2nd choice) _____ 3rd choice) _____

Why do you want to volunteer? _____

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.

Days preferred: MON TUE WED THU FRI SAT SUN

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 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).

Signature: _____ Date: _____

** If you were born after 1/1/1957, please also include a copy of your Immunization Records showing 2 Measles, Mumps, & Rubella immunizations with your completed application.

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: _____	

Current Address:	<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	
_____		_____	
LAST	FIRST	MIDDLE	
ADDRESS			
STREET	_____		
CITY, STATE, ZIP	_____		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <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