

Our volunteers are key members of our hospital family who are committed to putting into practice the Hospital's mission and values. They are dedicated, professional and caring and they take their service to HSHS St. Vincent/HSHS St. Mary's/HSHS St. Nicholas/HSHS St. Clare Hospitals seriously, and so do we.

Prior to serving as a volunteer at HSHS St. Vincent/HSHS St. Mary's/HSHS St. Nicholas/HSHS St. Clare Hospital, you will need to:

- Complete an application
- Have a personal interview with Volunteer Services Manager
- Receive a rubella/rubeola mumps titer, tuberculosis test and varicella courtesy of the hospital as well as a flu shot in the fall
- Review and accept Code of Ethics and Corporate Compliance
- Attend hospital annual education

We will do our best to give you a volunteer assignment that fits your special interests, skills and schedule. Two references will be needed. If you have questions or concerns, please feel free to call (920) 498-4383 or (920) 918-4594.

Reference Name: _____ Relationship: _____

Phone: _____ email: _____

Reference Name: _____ Relationship: _____

Phone: _____ email: _____

Please Read and Sign Below

If you have questions, please ask the staff of Volunteer Services before signing the application. Your signature verifies that you have read, understand and agree to abide by these statements.

I agree to live the hospital's mission and values while volunteering.

I understand that I will be required to satisfactorily complete a tuberculosis test, varicella, rubella/rubeola mumps titer and criminal background check as a condition of volunteer placement. I also understand that the hospital has a no-smoking and drug-free policy and I agree to comply with its requirement.

I hereby affirm that all information contained in this application (and resume, if submitted) is accurate and complete.

I hereby authorize the Hospital to investigate all statements contained in this application (and resume, if submitted); and to contact my former employers, volunteer supervisors, and listed references or any other persons who can provide information relative to my volunteer consideration.

Signature of Applicant (or Guardian if minor)

Date

Return to:

HSHS St. Vincent Hospital
Volunteer Services
PO Box 13508
Green Bay, Wisconsin 54307-3508
www.stvincenthospital.org

HSHS St. Nicholas Hospital
Volunteer Services
3100 Superior Avenue
Sheboygan, Wisconsin 53081
www.stnicholashospital.org

HSHS St. Clare Memorial Hospital
Volunteer Services
855 Main Street
Oconto Falls, Wisconsin 54154
www.stclarememorial.org

