



**Please Indicate Volunteer Location:**

\_\_\_\_\_ St. Charles Bend  
2500 NE Neff Road  
Bend, OR 97701

\_\_\_\_\_ St. Charles Madras  
470 NE A Street  
Madras, OR 97741

\_\_\_\_\_ St. Charles Redmond  
1253 NW Canal Blvd.  
Redmond, OR 97756

\_\_\_\_\_ St. Charles Prineville  
384 SE Combs Flat Rd.  
Prineville, OR 97754

**VOLUNTEER SERVICES APPLICATION** *(Must be 16 years of age or older.)*

Legal Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Other Names Used \_\_\_\_\_

**Work & Volunteer Experience:**

Current Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Volunteer Experience #1 \_\_\_\_\_ Dates \_\_\_\_\_ Duties \_\_\_\_\_

Volunteer Experience #2 \_\_\_\_\_ Dates \_\_\_\_\_ Duties \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? \_\_\_\_\_

College Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated \_\_\_\_\_

School Currently Attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

How did you learn about Volunteer Services at St. Charles?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Website         | <input type="checkbox"/> Hospital Volunteer | <input type="checkbox"/> Leaflet/Display at Hospital |
| <input type="checkbox"/> Social Media    | <input type="checkbox"/> Newspaper          | <input type="checkbox"/> Religious Group             |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Local Business     | <input type="checkbox"/> Volunteer Website(s)        |

- |                     |                        |                     |                 |
|---------------------|------------------------|---------------------|-----------------|
| Animals/Pet Therapy | ER/ICU Family Liaison  | Knitting/Crocheting | Special Events  |
| Cancer Center       | Family Birthing Center | Med-Surge           | Supply Stocking |
| Clerical/Office     | Gift Shop              | Music               | Swing Bed       |
| Data Entry          | Greeter/Escort         | Patient Ambassador  | Other _____     |

**Skills/Experience/Interest**  
S: (Please circle all categories that may

be of interest to you in the future.)

Do you speak any languages in addition to English?    Yes    No    If yes, which? \_\_\_\_\_

**Availability:** (Circle.)    Mon    Tues    Wed    Thurs    Fri    Sat    Sun    Hours: \_\_\_\_\_

Does your schedule change?    Yes    No    Can we put you on call?    Yes    No

**Legal Status:**

Have you ever been convicted of a felony or misdemeanor?    Yes    No

If                    yes,                    what                    charge                    and                    what                    state?

Can you perform the essential functions of the position you are applying for with or without reasonable accommodation, including the attendance requirements?    Yes    No

The above information is accurate and correct to the best of my knowledge.

I understand this information may be used to determine my eligibility to volunteer for St. Charles Health System.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Brad Ruder*

Brad Ruder  
Volunteer Services Supervisor  
[bmrunder@stcharleshealthcare.org](mailto:bmrunder@stcharleshealthcare.org)  
(541) 706-2924

*Kara Magee*

Kara Magee  
Volunteer Coordinator – Bend/Redmond  
[kamagee@stcharleshealthcare.org](mailto:kamagee@stcharleshealthcare.org)  
(541) 706-2657

*Anne Raines*

Anne Raines  
Volunteer Coordinator – Madras/Prineville  
[araines@stcharleshealthcare.org](mailto:araines@stcharleshealthcare.org)  
(541) 475-3882 ext. 5327

***(Please read and sign Volunteer Agreement on the next page.)***

**VOLUNTEER AGREEMENT**

If accepted as a volunteer for St. Charles Health System, I agree to the following:

1. I will hold all information that I may obtain directly or indirectly concerning patients, doctors or staff, as **absolutely confidential** and will not seek to obtain information from patients. In addition, I will not solicit my political or religious beliefs to patients, their families and/or staff.
2. My services are donated to the hospital without contemplation of compensation or promise of future employment.
3. I will submit to medical screening which may include: TB skin test and/or immunizations that may be necessary as part of my volunteer assignment.
4. I understand that a criminal background check will be required prior to beginning volunteer service.
5. I agree to commit to my volunteer position for a minimum of three months.
6. I will be punctual and conscientious; conduct myself with dignity, courtesy and consideration of others; and endeavor to make my work professional in quality.
7. I will make every effort to resolve any problems related to my volunteer assignment with my supervisor and the volunteer coordinator.
8. I will make my best effort to fulfill my commitment to St. Charles Health System by completing all volunteer assignments that I accept.
9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of failure to comply with hospital policy; absences without prior notification; unsatisfactory attitude, work or appearance; or any other circumstance which in the judgment of the volunteer coordinator, would make my continued service as a volunteer contrary to the best interests of the hospital.
10. I understand that it is a violation of the health system's policy to solicit business or act as an agent for outside business or to solicit business from patients or staff.
11. I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital property, unless I receive the express authorization of the volunteer coordinator.

I agree to the above conditions and consent to and authorize St. Charles Health System to complete a criminal background check.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature if volunteer  
is under 18 years of age

\_\_\_\_\_  
Date

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Date:	Driver License #:	Driver License State of Issue:
Last Name:	First Name:	Middle Initial:
Maiden and/or Other Last Names		
Address (No PO Boxes):	City, State, & Zip Code:*	County of Residence:*
Date of Birth:**	Social Security Number:**	Male     [ ] Female   [ ]
<p>I consent to and authorize the organization to complete a pre-employment check, including employment, compliance, criminal background, degree verification, and consumer credit report. I release and hold employers, from all claims, liability, and damages for whatever reason, related to my background, and my suitability for employment either now or in the harmless all parties and persons, including my present/prior employers, from all claims, liability, and damages for whatever reason, related to providing information regarding my application and my employment. I also release and hold harmless all parties and persons, including my present/prior future. I understand that the organization may, and hereby authorize the organization to, solicit information regarding my character, felony record, driving record, credit history, previous employment and similar background information. I authorize my current and former employers and references to disclose such information to the organization.</p> <p>I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from <b>Trak-1 Technology PO Box 52028, Tulsa, OK 74152</b> at telephone number (800) 6008999. After reading this document, I fully understand its contents and authorize the background verification.</p> <p><b>* AS SHOWN ON THE ORIGINAL APPLICATION</b>  <b>** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.</b></p>		
As of the date of this authorization, do you have any pending criminal charges against you? [ ] YES [ ] NO		
If YES, Please provide an explanation below:		

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.**

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE ORGANIZATION.**

**By signing below, I also acknowledge that the organization has provided me a summary of my rights under the federal Fair Credit Reporting Act.**

Signature of Applicant

Date