



**The Children's Hospital
of San Antonio™**

CHRISTUS Health

Dear Volunteer Applicant,

Thank you for your interest in volunteering at The Children's Hospital of San Antonio! Please review the requirements below and submit your completed application and reference forms to lyndsey.paulson@christushealth.org.

Requirements for Volunteering

- Volunteers must be 18 years old or older (unless applying for our Junior Volunteer Program)
- Submission of a completed application (includes two references)
- Completion of formal interview
- Consent to and pass a required background check
- Completion of required health screening
- Completion of all required volunteer forms
- Completion of general volunteer orientation
- Completion of orientation in assigned service area
- Agreement to volunteer for 100 hours
- Volunteers must receive the Flu and COVID-19 vaccines and wear a mask when at the hospital

After successful completion of the application process, you will be contacted for an interview. Thank you for your interest in sharing your servant heart with our patients and families!

Sincerely,

Lyndsey Paulson

Lyndsey Paulson
Director, Child Life and Child Development Services





**The Children's Hospital
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CHRISTUS Health

Adult Volunteer Application

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Phone: (_____) _____ Cell: (_____) _____

E-mail: _____

Date of Birth: (mm/dd/yr): _____ Social Security Number: _____

Work Status: _____employed _____retired _____unemployed _____student

Current or previous place of employment: _____

Does your employer match your hours with a donation? _____yes _____no
_____not sure

In an emergency, please notify:

Name: _____ Relationship: _____

Cell Phone: (_____) _____

How did you hear about our volunteer program?

_____ Friend _____ Website _____ Social Media

_____ Other (please specify): _____

Work/Volunteer Experience:

_____ Administrative _____ Clerical _____ Computer

_____ Nursing _____ Marketing/Public Relations _____ Teaching

_____ Arts/Crafts/Music _____ Retail/Merchandising

_____ Other: _____

Information for service area placement:

Are you able to push a wheelchair? _____yes _____no

Are you able to be on your feet for four hours? _____yes _____no

Do you have a service area preference? _____yes _____no

If yes, please provide information: _____

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Adult Volunteer Application - Continued

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor? ____no ____yes, please explain _____

Personal References: Please instruct two [2] persons to complete the attached personal reference forms. Do not include relatives. You may use employers, co-workers, teachers, etc. Return with the application.

What do you hope to gain from your volunteer experience? _____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As volunteer at The Children's Hospital of San Antonio/CHRISTUS Health, I:

- Am at least 18 years of age
- Agree to attend the volunteer orientation and train until I am competent to perform the required duties
- Agree to comply with all the rules and regulations of the hospital and Volunteer Services
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- Agree to call my department supervisor or volunteer coordinator as soon as possible when I have scheduling changes
- Agree to purchase and wear the required uniform during volunteer duties/trainings
- Agree to commit to at least 100 volunteer hours in the initial year from the start date
- Agree to complete a tuberculosis screening and annually thereafter
- Agree to receive the flu vaccine annually
- Agree to receive the COVID-19 vaccine
- Agree to complete annual volunteer competencies

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Adult Volunteer Application - Continued

Confidentiality Agreement

It is the belief of The Children's Hospital of San Antonio/CHRISTUS Health that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information **ONLY** as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I hereby acknowledge and understand that, as a volunteer at The Children's Hospital of San Antonio/CHRISTUS Health, I am not an employee of CHRISTUS Health or its entities or entitled to any pay or benefits.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and The Children's Hospital of San Antonio/CHRISTUS Health.

I certify that all information set forth in this application submitted to The Children's Hospital of San Antonio/CHRISTUS Health Volunteer Services is true, correct, and complete.

Signature: _____ Date: ____/____/____

