



Dear Volunteer Applicant,

Thank you for your interest in volunteering at a CHRISTUS Children's Hospital! Please review the requirements below and submit your completed application and reference forms to [lyndsey.paulson@christushealth.org](mailto: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 Volunteer Services  
CHRISTUS Children's



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

*Continued on next page*



*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 \_\_\_\_\_

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**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? \_\_\_\_\_

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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 CHRISTUS Children's/CHRISTUS Health:

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



## Confidentiality Agreement

It is the belief of CHRISTUS Children's/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 CHRISTUS Children's/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 CHRISTUS Children's /CHRISTUS Health.

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

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