



AT THE FOREFRONT

**UChicago  
Medicine**

**Ingalls Memorial**

Dear Potential Volunteer:

Thank you for your interest in volunteering at Ingalls Hospital. Volunteers at Ingalls are dedicated to maintaining the high level of quality and services of the area's finest healthcare institution. In its more than 70 years of existence, the volunteers have continued to adapt with an Ingalls Hospital that is always on the move. Our volunteers accept the challenge of new services and projects designed to benefit today's healthcare patient.

To apply for a volunteer position, all potential volunteers complete an application, attend a free initial orientation, and participate in an interview screening process. The interview process is designed to assess your interests, strengths, and life skills and match them to areas most needed within the Hospital or Family Care Center. Once the application process is completed and you are accepted as a volunteer, you will be assigned an area of service and your volunteer career will begin!

As a volunteer, you show your concern and interest in community affairs because you are helping a not-for-profit community hospital in its task of providing the highest quality patient care. You join a dedicated corps of volunteers who work on behalf of the Hospital – the Board of Directors, Auxiliary Board and YOU, the Auxiliary Volunteer member.

All volunteer service is, in some way, related to patient care. No matter what type of volunteer service you provide, your efforts help support the patients, family, and dedicated hospital team. And as a member of that team, your first concern must always be the welfare of the patient.

Please review/complete the enclosed information and give me a call to schedule an interview, once everything is complete. A current TB test is required for volunteering, as well as a Physician's statement indicating you are able to participate in an active volunteer program. We can provide the TB test free of charge.

If you have any questions, or are in need of additional information, please do not hesitate to call me at your earliest convenience. I can be reached at 708-915-5214.

Thank you for your interest in Ingalls and caring enough to Volunteer!

Sincerely,

*Rachel Jones*

Rachel Jones

Manager, Volunteer Services

One Ingalls Drive | Harvey, IL 60426

t 708-333-2300

[ingalls.org](http://ingalls.org)



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# AUXILIARY VOLUNTEER APPLICATION

If you need accommodation during the application process because of a physical or mental disability, you should request it and reasonable accommodation will be provided.

<b>PLEASE PRINT CLEARLY</b>	Today's date: _____	Social security #: _____
	Date available to start: _____	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

Days Preferred: Mon. \_\_\_ Tues. \_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Name: (Last, First, Middle) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Name \_\_\_\_\_ ER Contact Phone #( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, when? \_\_\_\_\_ What state? \_\_\_\_\_  
 Nature of offense: \_\_\_\_\_

Conviction of a crime will not automatically exclude you from volunteering, the organization will take into consideration the nature of the crime, the date of occurrence, and how it may relate to your qualifications and the position(s) for which you have applied.

### Education and Training

School	Name and Location	Course of Study	# of Years attended	Type of diploma or degree received
High School				
College				
College				
Other School				

Please list any special training (programs, seminars, and or any educational experiences) relevant to volunteering at Ingalls Memorial:

### Volunteer and Work Experience (List Most Current First– Include Military Service)

<b>1</b>	<b>Employer:</b>	<b>From</b>		<b>2</b>	<b>Volunteer Experience:</b>	<b>From</b>	
		Month	Year			Month	Year
Address _____		<b>To</b>		Address _____		<b>To</b>	
City, State, Zip _____				City, State, Zip _____			
Supervisor _____		Month		Supervisor _____		Month	
Phone #( _____ ) _____				Phone #( _____ ) _____			
Position _____ Salary _____		Year		Major Duties/Responsibilities _____		Year	
Reason For Leaving _____							
<b>3</b>	<b>Volunteer Experience:</b>	<b>From</b>		<b>4</b>	<b>Volunteer Experience:</b>	<b>From</b>	
		Month	Year			Month	Year
Address _____		<b>To</b>		Address _____		<b>To</b>	
City, State, Zip _____				City, State, Zip _____			
Supervisor _____		Month		Supervisor _____		Month	
Phone #( _____ ) _____				Phone #( _____ ) _____			
Major Duties/Responsibilities _____		Year		Major Duties/Responsibilities _____		Year	

**Professional Licenses and/or Certificates**

Type	State Issued	Expiration Date	Number
Type	State Issued	Expiration Date	Number

**Additional Skills**

Typing \_\_\_\_\_ WPM Do you speak another language? No \_\_\_\_\_ If yes list \_\_\_\_\_

Computer skills 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Special Skills or Hobbies 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Additional Information**

Have you ever been employed by UChicago Medicine Ingalls Memorial?  Yes  No

If yes, where \_\_\_\_\_ from, month & year \_\_\_\_\_ to month & year \_\_\_\_\_

How were you referred to Ingalls Memorial Auxiliary Volunteer Program?  Ad (name publication) \_\_\_\_\_

Employee referral \_\_\_\_\_  Volunteer referral \_\_\_\_\_

**Personal reference – please list three personal references below that we may contact - someone you have known for over one year that is not a relative.**

Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Daytime Phone #	Daytime Phone #	Daytime Phone #

**CERTIFICATION STATEMENT- READ BEFORE SIGNING**

I certify that all answers and statements contained on this application form are true and correct. I authorize the investigation of employment and education references. I also authorize Ingalls to conduct a criminal background check. I authorize the Federal or State Police to release any criminal background information to the verified program as part of the criminal investigation. I release all persons, corporations and other institutions from all liability resulting from any investigations. I understand that if I make any false or misleading statements or if I fail to answer any statement on this application, the application will be void and I will be subject to immediate dismissal in the event of acceptance into volunteer service.

I understand that any offer of volunteer experience is dependent upon satisfactory completion of a criminal background check, satisfactory references and satisfactory completion of the initial probationary period. An offer is not intended to be a contract of volunteering for any fixed period of time and the volunteer relationship may be terminated at any time, for any reason or no reason, by either party.

I voluntarily offer my services with a clear understanding there will be no monetary compensation.

I understand that applications remain in the active file for one year. Submissions of this application neither automatically results in a volunteer position. Selection for volunteering is not based on race, creed, religion, national origin, age, gender, physical or mental disability, or sexual orientation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**UChicago**  
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**INGALLS MEMORIAL VOLUNTEER SERVICES DEPARTMENT**  
**Physician Approval Form**

To Whom It May Concern:

\_\_\_\_\_ has applied for membership in Ingalls Memorial Auxiliary Volunteer Program. We request your assurance that s/he is physically able to take part in an active Volunteer Program.

\_\_\_\_\_  
 PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
 Date

Physician \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,  
*Rachel Jones*  
 Rachel Jones  
 Manager, Volunteer Services



## Reference Form VOLUNTEER POSITION - ADULT

Date: \_\_\_\_\_

Reference Name/Address

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(Name of Applicant) \_\_\_\_\_ has applied for a VOLUNTEER position with Ingalls Hospital. Your name was listed as a personal reference.

We would appreciate a moment of your time and ask that you complete the below information. This information will be kept confidential.

Please rate the applicant in the following areas:

	Excellent 5	Good 4	Average 3	Fair 2	Poor Unsatisfactory 1
Reliable					
Dependable					
Personal Appearance					
Communication Skills					
Initiative					
Ability to Get Along with Others					
Learns Quickly					

Would you hire this person? ( ) Yes ( ) No

If no, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you know this applicant and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteers in a hospital setting encounter people of various ethnic, cultural and spiritual backgrounds. Comment on how you believe this applicant will perform in providing support to people of various backgrounds.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteers in a hospital setting may encounter situations of high stress. Comment on how you believe this applicant will perform under stressful situations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your input and cooperation in completing this confidential personal volunteer reference. Please return this form in the envelope provided.

If you prefer to discuss this applicant privately, please list your daytime telephone number.

\_\_\_\_\_

Thank you for your time.

Sincerely,

*Rachel Jones*

Rachel Jones

Manager, Volunteer Services

# **VOLUNTEER APPLICATION CHECKLIST**

**Name:** \_\_\_\_\_

*The checklist below is designed to help the potential volunteer keep track of where s/he is in the application process. Please feel free to complete the list below as you complete the application requirements.*

**☐ Complete Application Process:**

**1. Completed Application –**

Returned to Volunteer Office (including references)      Date completed: \_\_\_\_\_

**2. Interview –**

With Volunteer Coordinator completed      Date completed: \_\_\_\_\_

**3. Completed Quantiferon TB test -**

Date completed: \_\_\_\_\_

Form given by Volunteer Manager (no appointment necessary);  
 Your own physician; or Cook County TB Center in Harvey.  
 If you test positive for TB, we must have documentation of  
 The Positive TB test and a clear Chest X-Ray within the last year.

**4. Copy of Childhood Immunization Record -**

\*Or Immunization Screening (MMR)  
 completed by Ingalls Lab      Date completed: \_\_\_\_\_

**☐ Required Uniform Purchased in Gift Shop**      Date completed: \_\_\_\_\_

**☐ Received Assignment from Volunteer Manager**      Date completed: \_\_\_\_\_

**☐ Start Date Set; Orientation letter given**      Date completed: \_\_\_\_\_

**☐ Identification Badge issued in Security Department**      Date completed: \_\_\_\_\_  
 (By Manager, Volunteer Services)

**☐ Attend General Orientation**      Date completed: \_\_\_\_\_