

Dear Applicant,

Thank you for your interest in the Clarian Health Volunteer Program. Clarian volunteers play an important role in Clarian's ability to deliver preeminent care to our patients. The patients, families, and staff in the Clarian facilities truly appreciate the time and effort given by our volunteers!

Enclosed you will find the necessary documents to help you become a Clarian Health volunteer. Your packet should include the following:

1. **Application:** Application must be completed in blue or black ink, signed and dated.
2. **Reference Forms (2):** These forms should be completed by two individuals who know you well, are not relatives, and be returned with your general application.
3. **Personal Survey:** The Personal Survey must be completed and returned so that Volunteer Services can consider your interests and preferences as we process your application.

**Volunteer Services will NOT process or review incomplete application packets.** You may mail your completed application packet to the address listed on the bottom of the application or deliver it to a Volunteer Services office at Riley, IU, or Methodist Hospitals.

After we receive your completed application, you will receive a call from Volunteer Services to schedule an interview. The process typically takes 2 – 3 weeks from start to finish and includes the following:

- Completed application returned to Clarian Health Volunteer Services
- Availability to fulfill our minimum volunteer commitment
- Interview with a Volunteer Services Coordinator at a Clarian facility where you will have a chance to learn more about Clarian's volunteer opportunities
- Background Check
  - All applicants, over age 18, are required to pass a background check before becoming a volunteer. The background check may include, but is not limited to, Social Security trace, Sexual Offender search, and Criminal Conviction search.
- Health Screen
- Clarian Health Volunteer Orientation
- Service area specific orientation and training

Thank you again for your interest in the Clarian Volunteer Program. We look forward to having you as a member of our volunteer team! If you have any questions, please feel free to contact us at (317) 274 – SERV. A member of our team will be more than happy to assist you!

Sincerely,

Ellie Musser  
Manager of Volunteer Services

## Volunteer Application

Today's Date: _____			
<b>PERSONAL INFORMATION:</b>			
Legal Name (Last, First, Middle)		Social Security Number:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Email:	
Cell Phone:	Date of Birth: (mm/dd/yyyy)	Are you under 18 years of age:	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by Clarian Health or an affiliate?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list dates FROM: _____ TO: _____	
Have you ever been a volunteer for Clarian?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the following: Location(s): _____ FROM: _____ TO: _____	
<b>HOW DID YOU LEARN ABOUT VOLUNTEERING AT CLARIAN HEALTH? (Check the appropriate box)</b>			
<input type="checkbox"/> I was a former patient <input type="checkbox"/> I am family of a former patient <input type="checkbox"/> Clarian Website <input type="checkbox"/> Volunteer Websites (ie:Volunteermatch.org) <input type="checkbox"/> Promotional material/Advertisement <input type="checkbox"/> SCSEP/Easter Seals Crossroads <input type="checkbox"/> Requirement for class/degree/graduation		<input type="checkbox"/> Volunteer fair (Name/location of fair) _____ <input type="checkbox"/> Employee referral (Name of Employee) _____ <input type="checkbox"/> Volunteer referral (Name of Volunteer) _____ <input type="checkbox"/> This is for an Internship/Externship (Name of Program) _____ <input type="checkbox"/> Other (please specify) _____	
<b>TELL US WHERE YOU WOULD LIKE TO VOLUNTEER. Please rank your top 3 choices. Please rank your choices by marking (1) next to your first choice, (2) next to your second choice and (3) next to your third choice. We will make every effort to accommodate your request, but cannot guarantee that you will be placed in your first choice.</b>			
___ Methodist Hospital ___ Riley Hospital for Children ___ Ruth Lilly Hospice ___ Indiana University Hospital ___ Indiana University Simon Cancer Center ___ Clarian Pathology Laboratory		___ Methodist Medical Plaza North ___ Methodist Medical Plaza East ___ Methodist Medical Plaza South ___ Methodist Medical Plaza Glendale ___ Eagle Highlands Outpatient Center	
___ HealthNet (HealthNet Community Health Centers are located throughout Indianapolis. We can find one near you) HN Location _____			
<b>EDUCATION:</b>			
Please circle the last grade you completed:			
High School: 1 2 3 4	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	Degree: BA/BS MS/MA Ph.D Other
College: 1 2 3 4	Major: _____		
Are you currently a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list school:	Name: _____		
	City: _____	State: _____	Zip: _____

<b>EMERGENCY CONTACT INFORMATION:</b>			
Please list at least one person we should contact in an emergency:			
Name of Contact	Relationship	Address	Phone
Please list any medical information that may assist us in the event of an emergency:			
<b>CRIMINAL BACKGROUND HISTORY:</b>			
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list all convictions and dates below:			
Conviction:	County/State:	Date:	
Conviction:	County/State:	Date:	
<p><b>NOTE:</b> Conviction means you were found guilty by a judge, jury, "no contest," or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. A conviction will not automatically disqualify you from volunteer placement. Clarian policy will determine which convictions disqualify you from volunteer placement.</p> <p><b>Any misrepresentation will disqualify you from a volunteer position. If needed, please use an additional sheet of paper.</b></p>			
<b>EMPLOYMENT HISTORY:</b>			
Please provide information regarding your work history. Please list employers beginning with the most current.			
Name of Company:		Job Title:	Dates of Employment:
Address:		City, State & Zip:	Phone (with area code):
Name of Company		Job Title:	May we contact this employer?
Address:		City, State & Zip:	Phone (with area code):
If you were unemployed during any period of time since leaving school, please explain:			
<b>PLEASE READ CAREFULLY AND SIGN</b>			
<p>I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during, or after I begin my position as a volunteer may lead to my termination.</p> <p>I hereby authorize Clarian Health/Clarian Volunteer Services to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with Clarian Health/Clarian Volunteer Services. My signature on this application authorizes Clarian Health/ Clarian Volunteer Services to request written verification as needed.</p> <p>The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.</p> <p>I understand my volunteer position with Clarian Health /Clarian Volunteer Services means volunteering at Clarian's discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of Clarian Health /Clarian Volunteer Services or myself.</p>			
Applicant's Signature: _____			DATE: _____
PARENTAL/GUARDIAN PERMISSION REQUIRED for volunteers under 18 years of age. I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with Clarian Health/Clarian Volunteer Services.			
Parent/Guardian Signature: _____			DATE: _____
<p><b>Please mail completed applications to:</b>  <b>Clarian Health</b>  <b>Methodist Hospital</b>  <b>C/O Volunteer Services</b>  <b>1704 North Capitol, Room B760</b>  <b>Indianapolis, IN 46202</b></p>			



# Applicant Personal Survey

**Applicant's Full Name:**

Complete and return this form with your completed application. Please be candid with your responses. If necessary, you may attach additional comments on separate sheet of paper. Please use dark blue or black ink only.

**1. Why do you want to volunteer with Clarian Health? Please explain in detail.**

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**2. A. What type of general opportunities are you interested in? Check all that apply.**

<input type="checkbox"/> Direct Patient Contact	<input type="checkbox"/> Limited Patient Contact	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Clerical/Administrative	<input type="checkbox"/> Spiritual	<input type="checkbox"/> Open to any opportunity

**2. B. Use at least 2-3 sentences to elaborate on your selection(s) above:**

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**3. As a volunteer, what are some of the skills / experiences that you bring to Clarian? (Computer skills, customer services experience, etc.)**

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**4. When are you available to volunteer?**

Let us know when you are available to volunteer by filling the table below. Write in the time ranges that you can volunteer each day of the week (include A.M. and P.M.). For example, if you are available from 11 a.m. to 9 p.m. on Thursday, you would write 11 a.m. - 9 p.m. under Thursday. We have volunteer opportunities from 6 a.m. – 9 p.m.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How many hours per week are you willing to volunteer? \_\_\_\_\_ Hours

**5. Is there anything else you want us to know? (Ex: I do not wish to volunteer at a certain Clarian facility because ...)**

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## Volunteer Applicant Reference Form

*This form should be completed by a professional reference, not a relative.* The above individual is applying for a volunteer position with Clarian Health. Please be candid in your assessment of the applicant. If needed, please attach additional comments on another sheet of paper. When you have completed this form, please place it in a sealed envelope, sign the back flap, and return it to the applicant. *All information you provide will be regarded as confidential.*

**NAME OF APPLICANT:** \_\_\_\_\_

**1. How long have you known the applicant and in what capacity?**

\_\_\_\_\_  
\_\_\_\_\_

**2. How would you describe the applicant's character and personality?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Please describe the applicant's reliability and punctuality.**

\_\_\_\_\_  
\_\_\_\_\_

**4. Are you aware of any physical or emotional considerations that would impact the applicant's success as a volunteer?**

\_\_\_\_\_  
\_\_\_\_\_

**5. What are the applicant's greatest strengths? What are the applicant's limitations, if any?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Please read the following statements about the applicant and indicate your choice based on your experience:**

	Strongly Agree	Somewhat Agree	Do Not Know	Somewhat Disagree	Strongly Disagree
Is open to new people and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates initiative and dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts well to changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a strong sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has strong communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. To what extent do you recommend the applicant for a volunteer position?**

- No reservations
  Some reservations
  Significant Reservations

Why: \_\_\_\_\_

REFERENCE INFORMATION:			
<b>Your Name (First, MI, Last):</b>		<b>Telephone Number:</b>	
<b>Profession/Title:</b>		<b>Email Address:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Your Signature:</b>		<b>Date:</b>	



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**NAME OF APPLICANT:** \_\_\_\_\_

**1. How long have you known the applicant and in what capacity?**

\_\_\_\_\_  
\_\_\_\_\_

**2. How would you describe the applicant's character and personality?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Please describe the applicant's reliability and punctuality.**

\_\_\_\_\_  
\_\_\_\_\_

**4. Are you aware of any physical or emotional considerations that would impact the applicant's success as a volunteer?**

\_\_\_\_\_  
\_\_\_\_\_

**5. What are the applicant's greatest strengths? What are the applicant's limitations, if any?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Please read the following statements about the applicant and indicate your choice based on your experience:**

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Demonstrates initiative and dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts well to changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a strong sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has strong communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. To what extent do you recommend the applicant for a volunteer position?**

- No reservations                     
 Some reservations                     
 Significant Reservations

Why: \_\_\_\_\_

REFERENCE INFORMATION:			
<b>Your Name (First, MI, Last):</b>		<b>Telephone Number:</b>	
<b>Profession/Title:</b>		<b>Email Address:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Your Signature:</b>		<b>Date:</b>	