



THOMAS Health System

# Adult Volunteer Application

Check one:

Date \_\_\_\_\_

Saint Francis Hospital

Thomas Memorial Hospital

Name \_\_\_\_\_  
Last first MI

Address \_\_\_\_\_  
Street city zip code

Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Email address \_\_\_\_\_

In emergency notify:

Name \_\_\_\_\_ relationship \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Family physician \_\_\_\_\_ telephone \_\_\_\_\_

Prior experience:

Volunteer: \_\_\_\_\_

Business: \_\_\_\_\_

Interests/hobbies: \_\_\_\_\_

References: (We require two references with complete addresses.)

1. \_\_\_\_\_  
Name address zip

2. \_\_\_\_\_  
Name address zip

How did you become interested in our volunteer program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Over) →

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or disability.

Time Available: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun.  
\_\_\_ morning \_\_\_ afternoon \_\_\_ evening

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Completed Applications should be returned to [Mary.Williams@stfh.net](mailto:Mary.Williams@stfh.net) OR Mailed:

**Saint Francis Hospital**  
**Dept. of Volunteer Services**  
**333 Laidley Street**  
**Charleston, WV 25301**

**OR**

**Thomas Memorial Hospital**  
**Dept. of Volunteer Services**  
**4605 MacCorkle Ave. SW**  
**South Charleston, WV 25309**

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### **Application Process**

Upon receipt of an application, the department of volunteer services will send forms to the references listed on the application. Once completed forms have been received by our office, the applicant will be contacted to set up an interview. The interview will provide the applicant with the opportunity to discuss available positions, scheduling, hospital policies, etc. At the time of the interview, the applicant will be asked to sign a disclosure/release form to allow the hospital to conduct a background investigation. Upon receipt of a satisfactory background check, the volunteer will be scheduled for orientation before beginning service.

Filing an application does not assure placement since applicants must be matched to available positions. Applicants will be chosen by the director of volunteer services on the basis of personal traits and qualifications in keeping with the best interests of the Hospital.

**All applications will be held for ninety days.**

Department of Volunteer Services office hours are M-F, 7:30 a.m. to 4 p.m.  
and other hours by appointment.

Saint Francis Hospital 304-347-6655

Thomas Memorial Hospital 304-766-6788