

# How to become a Mercy McMahon Terrace Volunteer

Thank you for your interest in the Volunteer Program. The information below explains the process for becoming a volunteer. Please carefully read below the program requirements before deciding if the Volunteer Program is suited for you.

## Step 1: Application

- Applications will be accepted on a first-come, first-served basis and by recruitment criteria. Selection is based on skill level and if you meet position requirements/ availability. If you can commit to the volunteer requirements listed below, please fill out the application
- And submit via email to [ali@mercymcmahonterrace.org](mailto:ali@mercymcmahonterrace.org) or by mailing the application to the following address: 3865 J Street, Sacramento, CA 95819 Attn: Activities.
- **Program Requirements:**
  - See, hear, and clearly speak well enough to communicate with persons of the same or different nationalities and/or cultures.
  - Minimum age for Junior Volunteer Program is 15 years old and must include two recommendation letters.

**Step 2: All potential volunteers must participate in all pre-employment screenings.**

## Step 3: Health Clearance

- Tuberculosis (TB) test are performed and immunization records are submitted for review. Employee Health will check for your immunity to Measles, Mumps, Rubella, and Chicken Pox. If you do not have a copy of your immunization records, you will be required to have a lab draw which is free.
- Within 48-72 hours of your first TB test you need to return to Employee Health to have your TB test read by a staff member. Staff will let you know what else you need to complete in order to receive your health clearance.

## Step 4: Get Started Meeting

- After the health clearance is received, the volunteer will need to contact (916) 733-6821 to schedule a “**Get Started**” meeting to finalize assignment, schedule and training.

2/21/17

Mercy McMahon Terrace  
**VOLUNTEER SERVICE APPLICATION**  
 3865 J Street, Sacramento, CA 95819  
 916-733-6821

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Last Name: First Name: Date:

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Address: City: State: Zip:

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Birth date: Month/Day/Yr. Home Phone : Cell Phone:

	<input type="checkbox"/> Junior Volunteer (15-17 Years) <input type="checkbox"/> Adult Volunteer
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Email: Program Selection:

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Incase of an emergency, please indicate a contact person:

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Contact Name: Relationship: Contact Number:

If presently employed:

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Name of Organization: Position: Work Hours & Days:

Education Completed:

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Name of School: Years Completed or Grade: Major or Degree:

Any health limitations related to volunteer duty:

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If you were referred by an employee, please complete the following information:

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Name of Employee: Relationship: Department:

List Previous volunteer experience:

Organization:		
Contact:		
Volunteer Duties:		

Have you ever volunteered and/or been employed by Mercy before? Yes  No

If yes, when: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Indicate the reason you are seeking a volunteer position (check all that apply)

Interest in the medical field       Interest in Mercy McMahon Terrace as a future career option

Extra Time                       Requirement for class

Service hours required to graduate; How many: \_\_\_\_\_ By when: \_\_\_\_\_

Area of Interest: (i.e., Reading, Interviewing, Decorating, \_\_\_\_\_)

**References:**

Please list two references other than relatives.

Name:		
Title/Company:		
Phone Number:		

**The above information is accurate and correct to the best of my knowledge.**

I understand that this application remains current for only 180 days. If you have not followed through with interview, orientation, and health screenings you will have to reapply.

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

***Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. Mercy McMahon Terrace does not discriminate because of age, race, national origin, gender or sexual preference.***

**Mercy McMahon Terrace**

**CONSENT FOR MINOR TO PARTICIPATE**

1. Junior applicants must include two letters of recommendation with the application.
2. I authorize \_\_\_\_\_ a minor, to participate in Junior Volunteer activities at Mercy McMahon Terrace. Such activities are under the supervision of the Activities Coordinator or a designated representative.

I (we) understand that this minor's services are donated, without expectation of reimbursement, and given for charitable, humanitarian, or religious reasons.

I (we) give permission for the above-named minor to submit to a drug-screen, tuberculin skin test (PPD) or other blood test which is required to serve at Mercy McMahon Terrace. It is understood that this required test is given at the hospital's expense.

I (we) authorize the Emergency Department physicians as my (our) agents to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable in an emergency situation.

I (we) release Mercy McMahon Terrace and its employees from any claim of liability for any damages, injury, or illness resulting to the above-named minor, not resulting from any fault or neglect on the part of the hospital, while engaging in designated Junior Volunteer activities.

This authorization and permission shall remain effective for the period of time the above-named minor is a Junior Volunteer at Mercy McMahon Terrace.

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PARENT/GUARDIAN SIGNATURE(S)

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DATE

Mercy McMahon Terrace  
**VOLUNTEER SERVICE APPLICATION QUESTIONNAIRE**

**Please answer the following questions below**

1. Why are you interested in the Volunteer Program?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. Do you have previous volunteer experience? If so, tell us about them.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
3. What do you want to gain or learn from your volunteer experience?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
4. Is there an aspect of our mission that motivates you to want to volunteer?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
5. Do you have available transportation if selected for the Volunteer Program?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. Do you have any health limitations that you would like to disclose?  
(please explain if you have chronic health issues)