



# Spiritual Care Services Adult Volunteer Application

**Name:** \_\_\_\_\_  
Last Name First Spouse

**Address:** \_\_\_\_\_  
Street Apt. Number

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

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact Name / Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

**Church or Faith Community:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Additional Language Fluency:** \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

**Why do you wish to volunteer for the VMC Spiritual Care Program?**

\_\_\_\_\_

**Areas of Interest:** (check all that apply):  Spiritual Care  Eucharistic Minister  Music for the Soul  
 Grief Group  Vigil Support  Spiritual or Pastoral Associate  Other \_\_\_\_\_

**Availability:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Morning  Afternoon  Evening  Night

**Spiritual/Theological education:**

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

**Clinical Pastoral Education Units or Chaplain Certification:**

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

**What ministries have you been involved in during the past 5 years?**

---

---

---

**Have you ever worked or are you currently employed at VMC? If so, what position and how long?**

---

---

---

**Have you ever been convicted of a felony or military crime, or have a case pending?**

Yes (If yes, indicate date of conviction) \_\_\_\_/\_\_\_\_/\_\_\_\_  No

**Nature of Crime and explanation:**

---

---

---

(Note: All applicants are submitted automatically to a background check. A conviction is not necessarily a bar to volunteering. Each case is considered individually on the basis of the nature of the crime and the position applied for.)

I hereby release from liability Santa Clara Valley Medical Center and its representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications, and I release from any liability any and all individuals and organizations who provide information to Santa Clara Valley Medical Center in good faith and without malice concerning my professional competence, ethics, character and other qualifications for volunteering in the Spiritual Care Program, and I hereby consent to the release of such information.

I agree to follow all Volunteer Services and Spiritual Services policies, procedures, rules and regulations. I understand that I can be dismissed from the program at any time for failure to follow program/department/hospital policies, rules, and regulations.

I understand that I am required to complete a health clearance process annually, and that Spiritual Care Services reserves the right to terminate my volunteer status as a result of (a) falsification of application information; (b) failure to comply with hospital policies, rules, and regulations; (c) more than two absences, without prior notification; (d) unsatisfactory attitude, work or appearance; or (e) any other circumstance which, in judgment of the Hospital Chaplain would make my continued service as a volunteer contrary to the best interest of the hospital.

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

**Please return this application to:**

**Santa Clara Valley Medical Center  
Spiritual Care Services  
Sister Donna Maria Moses, OP, Ed.D.  
Reverend John Onuoha, M.Div.  
751 So. Bascom Avenue  
San Jose, California 95128  
Tel. (408) 885-6996**



## Santa Clara Valley Medical Center Volunteer Services Volunteer Commitment

As a volunteer who wishes to enhance the healing atmosphere of the hospital and the clinics and who wishes to help create a warm and welcoming environment, I make the following commitment to our patients, visitors, volunteers, and staff:

I will:

- Interact in a warm and welcoming manner at all times
- Greet patients, visitors and staff in a variety of places, like the hallways, the elevators, and the cafeteria
- Adjust to changes in a reasonable and flexible manner
- Carry out the duties outlined in my service description in a positive, and helpful manner
- Check with Volunteer Services staff if I am asked to do activities that do not seem to be part of my service description
- Demonstrate my ability to comply with Infection Policies, Safety Guidelines, HIPAA regulations, Sexual Harassment, Discrimination rules and regulations, and Emergency Codes Guidelines
- Provide continuity of service by maintaining a regular volunteer schedule that follows the Volunteer Services attendance guidelines
- Speak with my supervisor or Volunteer Services staff if I am having any difficulties in my service area so I can receive the support I need
- Maintain a positive attitude and refrain from making any judgments about patients, visitors, staff or other volunteers
- Maintain a positive attitude about rules and regulations

By signing the Volunteer Commitment form, I understand my duties and will carry out the items outlined above to help enhance the healing atmosphere of the hospital and clinics and help create a warm and welcoming environment wherever I serve.

Print Name: \_\_\_\_\_

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

Date: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"



# Spiritual or Pastoral Leader Reference Form

**This reference cannot be from a relative. You may substitute a letter of recommendation so long as the recommendation was written within the past year.**

**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant named above has applied to become a spiritual care services volunteer at **Santa Clara Valley Medical Center**. As part of the application process we require a reference letter for each prospective volunteer. Please take a few moments to answer the following questions and be assured that your comments will be kept confidential. Your comments are part of our placement process and we appreciate your time and honesty.

**Name of Reference:** \_\_\_\_\_

**Phone Number of Reference:** \_\_\_\_\_

**Email Address of Reference:** \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. How long has the applicant been a member of your faith community? \_\_\_\_\_

3. How have you known the applicant? \_\_\_\_\_

4. How does this individual relate to others? Is s/he cooperative? \_\_\_\_\_

5. Interpersonal skills are very important in a hospital environment. How would you describe this individual's interpersonal skills? Would you describe this individual as friendly?

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

6. =g`h`Y`Udd`]WUbh`fYgdcbg]V`Y3``:cf`YIU ad`Y.`8c`h`Ym`g`c`k`i`d`k`Yb`gW`YX`i`YX3``8c`h`Ym`  
Wc`a`d`Yh`Y`dfc`^YWhg#Ugg][`b`a`Ybhg`]b`U`h`a`Y`m`a`UbbYf3`8c`h`Ym`fYgdcbX`dcg]h]j`Y`m`hc`  
X]fYWh]cb3

.....  
.....

7. K`U`h`a`]b]ghf]Yg`^Ug`h`Y`Udd`]WUbh`dUfh]W]dUhYX`]b3

.....  
.....

8. KUg`h`Y]f`dUfh]W]dUh]cb`gUh]gZUWhcfm3``D`YUgY`Y`UVcfUhY`Vf]YZ`m"

.....  
.....

9. =g`h`YfY`Ubmh`]\b[`Y`gY`mc`i`k`c`i`X``]\_Y`hc`UXX`UVc`i`h`h`]\g`]bX]j]X`i`U`3

.....  
.....

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

751 So. Bascom Avenue  
San Jose, California 95128  
Tel. (408) 885-6996

[donna.moses@hhs.sccgov.org](mailto:donna.moses@hhs.sccgov.org)  
[john.onuoha@hhs.sccgov.org](mailto:john.onuoha@hhs.sccgov.org)