



Thank you for expressing an interest in volunteering with The University of Kansas Healthcare System, St. Francis Campus. If you enjoy helping others and would like to make an impact within the community, we may have the perfect opportunity for you!

The positions available for our volunteers are highly focused on patient and family centered care. The volunteers at The University of Kansas Healthcare System, St. Francis Campus focus on placing the needs of others first and fulfilling a better patient experience for everyone through their own personal touch.

Please complete the volunteer application attached. Once your application is submitted, the following process will take place:

- Reference check
- Interview with Volunteer Services.
- A short orientation session with the Volunteer Coordinator will also be required before you begin your volunteer work.

Please feel free to contact Hailey Rubin, at 785-270-7656 or via email [hailey.rubin@kutopeak.com](mailto:hailey.rubin@kutopeak.com) if you have any further questions.

Thank you for your interest in our volunteer program at The University of Kansas Healthcare System, St. Francis Campus and we will be in contact with you as we proceed.

**YOU CAN MAKE A DIFFERENCE!**

Sincerely,

Hailey Rubin  
Executive Administrative Assistant and Volunteer Coordinator  
The University of Kansas Healthcare System,  
St. Francis Campus



Volunteer Services  
1700 SW 7<sup>th</sup> Street  
Topeka, KS 66606  
Phone: 785-270-7656

# Adult Volunteer Application Form

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

If you are under 18 years old or a college student wishing to volunteer, please call before submitting this application.

We ask for a 6 month commitment of one (1) day a week for four (4) hours. Most volunteers are needed between the hours of 8:00 am – 4:00 pm, Sunday through Saturday

Name	Last	First	Middle Initial	Cell Phone	
Email				Home Phone	
Address			City	State KS	Zip
Date of Birth			Shirt Size		
Emergency Contact Name				Phone	

**Please select the day(s) and time(s) you would like to volunteer:**

Day	AM	PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

**Please select an area you would like to volunteer in (explanation of positions on separate sheet):**

Occupational Med.	<input type="checkbox"/>
Critical Care Family Room	<input type="checkbox"/>
Information Desk	<input type="checkbox"/>
Gift Shop	<input type="checkbox"/>
Registration	<input type="checkbox"/>
Surgical Family Room	<input type="checkbox"/>
Clerical Positions	<input type="checkbox"/>
Surgical Waiting Room	<input type="checkbox"/>
Cancer Center	<input type="checkbox"/>
SPD/ Supply Chain	<input type="checkbox"/>

**Education:**

School Name	Location (City, State)
Highest Level Completed	Degree(s) Awarded

**Current or Most Recent Employment:**

Employer's Name	Dates of Employment	Occupation (Type of Work)
Employer Street Address		Department or Suite Number
City	State	Zip Code
		Phone

**Prior Volunteer Service:**

Have you ever served as a volunteer with us before?  Yes  No If yes, what year? \_\_\_\_\_

Prior Agency	Department	Dates
Duties	Supervisor	Phone

I affirm that the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the Volunteer Services Program.

- I hereby give my permission and authorize representatives of The University of Kansas Healthcare System, St. Francis Campus to investigate any or all of the statements I have made in this application.
- I hereby give my permission and authorize representatives of The University of Kansas Healthcare System, St. Francis Campus to perform a personal criminal background check.
- I understand that this application does not guarantee a volunteer placement with The University of Kansas Healthcare System, St. Francis Campus or at any of its locations.
- I further understand that as a Volunteer I may not accept payment for my services.

*By signing your name below, you consent to the departmental requirements.*

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

**Please email or mail signed and dated application to:**

The University of Kansas Healthcare System St. Francis Campus  
 Volunteer Services  
 1700 SW 7<sup>th</sup> Street  
 Topeka, KS 66606  
[Hailey.rubin@kutopeka.com](mailto:Hailey.rubin@kutopeka.com)

## Authorization for Criminal Background Check

I, \_\_\_\_\_ authorize The University of Kansas Healthcare System, St. Francis Campus to conduct a criminal background check through a third party vendor for the purpose of determining my suitability as a volunteer with The University of Kansas Healthcare System, St. Francis Campus. I authorize *Accurate Now* to release any information under my name and date of birth to The University of Kansas Healthcare System, St. Francis Campus and waive any claim against such departments from such disclosure.

I have listed my crimes below for which I have been convicted, including the date of the conviction, as well as any pending felony charges (don't forget any traffic violations). I acknowledge that any omission or falsification of this form shall be grounds for discharge as a volunteer, or grounds for The University of Kansas Healthcare System, St. Francis Campus to refuse further consideration of my application as a volunteer.

### CRIMINAL CONVICTIONS OR PENDING FELONY CHARGE

CRIME	DATE	CITY	COUNTY	STATE

Print Full Name		Print Previous Maiden Name(s)		
Street Address		City	State	Zip
Date of Birth	Social #			
Driver's License Number		Driver's License Issuing State		
Signature of Applicant			Date	

## Vaccine Requirements

Please provide proof of the following items.

- A Tuberculosis (TB) test or proof of one completed within the last year. After the TB skin test is administered, it is necessary to return to the clinic within 2-3 days for test results.
- Flu shot
- Covid vaccine
- Tetanus and MMR vaccine

**If you would like to request an exemption form, please reach out to**

**Hailey Rubin, volunteer coordinator**

785-270-7656 or via email [hailey.rubin@kutopeak.com](mailto:hailey.rubin@kutopeak.com)

# VOLUNTEER POSITION DESCRIPTIONS

Volunteers in any capacity are greatly appreciated by all members of The University of Kansas Healthcare System, St. Francis Campus team. Listed below are just some of the ways you can help.

**Valet Entrance** - Volunteers are responsible for greeting and welcoming patients and guests as they enter the St. Francis Campus. Volunteers will assist guests with directions, way-finding and general questions.

**Critical Care Family Room** – Families encountering stressful situations rely on volunteers to listen to them and provide assistance when needed. This type of care is provided through our volunteers in the Critical Care Family Room.

**Information Desk** – Volunteers assist patients, family members and their visitors when they enter the Health Center by giving directions, finding patient room numbers and performing other tasks.

**Surgical Family Room** – You will never be bored in this busy and popular volunteer assignment as you act as liaison between family members and surgery/recovery room staff. Volunteers log information as each patient moves from Pre-op, surgery, recovery and to their room. Volunteers also inform family members at each stage, answer the phone and take family members to consultation rooms to talk with doctors. A ready smile, flexible nature and good organizational skills are key in this area.

**Clerical Positions** - We have many different areas of the hospital that are looking for a volunteer with an eye for detail to help them do various tasks around their office areas.

**Gift Shop** – Volunteers need to be customer service oriented, working with cash register, ticketing merchandise, maintain cleanliness of gift shop, restocking merchandise, assisting customers.

## Personal Reference Form

**NOTE: Your reference must be someone who is not related to you.**

I (reference) \_\_\_\_\_ am completing this Personal Reference Form for  
(applicant) \_\_\_\_\_.

My address is: \_\_\_\_\_

My phone or cell phone number is: \_\_\_\_\_

**Please answer the following questions; your responses will be kept confidential.**

How long have you known him/her and in what capacity?

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

What can you tell us about him/her:

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

Describe any notable strengths:

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

Describe any notable weakness:

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

Please choose **10** traits that best describe the applicant:

- |                                      |  |  |                                      |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Flexible    | <input type="checkbox"/> Outspoken     | <input type="checkbox"/> Detail Oriented | <input type="checkbox"/> Creative    |
| <input type="checkbox"/> Structured  | <input type="checkbox"/> Needy         | <input type="checkbox"/> Approachable    | <input type="checkbox"/> Sociable    |
| <input type="checkbox"/> Dependable  | <input type="checkbox"/> Good listener | <input type="checkbox"/> Independent     | <input type="checkbox"/> Extrovert   |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Self-starter  | <input type="checkbox"/> Organized       | <input type="checkbox"/> Versatile   |
| <input type="checkbox"/> Productive  | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Mechanical      | <input type="checkbox"/> Punctual    |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Disorganized  | <input type="checkbox"/> Adaptable       | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Receptive   | <input type="checkbox"/> Likes Routine | <input type="checkbox"/> Practical       | <input type="checkbox"/> Honest      |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Questioning   | <input type="checkbox"/> Logical         | <input type="checkbox"/> Confident   |
| <input type="checkbox"/> Motivated   | <input type="checkbox"/> Good Natured  | <input type="checkbox"/> Reliable        | <input type="checkbox"/> Proud       |
| <input type="checkbox"/> Loyal       | <input type="checkbox"/> Resourceful   | <input type="checkbox"/> Non-Judgmental  | <input type="checkbox"/> Fun         |

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

**Please return this personal reference form to:**

The University of Kansas Healthcare System, St. Francis Campus,  
Attention: Volunteer Services  
1700 SW 7<sup>th</sup> Street  
Topeka, KS 66606  
Phone: 785-295-8644

[Hailey.rubin@kutopeka.com](mailto:Hailey.rubin@kutopeka.com)