

**\*\* Please include one letter of reference with your application \*\***

Please advise us if any accommodation is needed to participate in the application process.

The five core values of Providence Health are the guiding principles that enable us to achieve our Mission. Each of us is committed to these values and works to make them present in our relationships with each other and with those we are privileged to serve. Our values continue a tradition of excellence.

**COMPASSION**

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

**DIGNITY**

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

**JUSTICE**

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

**EXCELLENCE**

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.

**INTEGRITY**

We hold ourselves accountable to do the right thing for the right reasons. We speak truthfully and courageously with generosity and respect. We pursue authenticity with humility and simplicity.

Last Name _____	First Name _____	MI _____
Address _____	Preferred First Name _____	
City _____	State _____	Zip _____
Home Phone _____	Mobile Phone _____	
Email Address _____	Date of Birth (Month and Day Only): _____	

**Education and Work Experience**

Current Employer _____	Circle Last Grade Completed	Graduation Date
Work Phone _____	High School 9 10 11 12 _____	
Position Responsibilities _____	College 1 2 3 4 _____	
_____	College Major _____	
_____		

## Additional Information

Best time(s) for you to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

If you have volunteered previously, in any capacity, please provide details: \_\_\_\_\_

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Please list any special skills, licenses or certifications: \_\_\_\_\_

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Do you have a physical condition or medical problem which may limit your ability to perform the work of a volunteer?

Yes     No

If "Yes", please provide details: \_\_\_\_\_

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Have you been convicted of a misdemeanor or felony?     Yes     No

(A conviction may be relevant if related to volunteer duties but does not necessarily bar you from volunteering)

If "Yes", please provide circumstances, place(s), date(s): \_\_\_\_\_

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In case of an EMERGENCY, please NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Thank you for your interest in volunteering at the Queen!