



# Volunteer Services

SIH Memorial Hospital of Carbondale

Dear Prospective Volunteer,

Thank you for your interest in volunteering at SIH Memorial Hospital of Carbondale and/or the SIH Cancer Institute. Volunteering is a wonderful way to meet new friends and make a positive impact. We are excited about the possibility of you joining our team. Please find the attached application form, and kindly complete and return it at your earliest convenience.

To volunteer at the hospital or cancer center, there are a few requirements you need to meet:

- A background check is required before you can become a volunteer.
- State regulations mandate a Tuberculosis Test, which can be done at SIH WorkCare in Marion. There is no fee required.
- SIH requires that you have received an influenza vaccine.
- You need to complete a brief orientation program, which includes patient and personal safety information as well as patient confidentiality information.
- We ask for two letters of reference from non-family members. These letters do not need to be lengthy. For your convenience, two reference forms are included in this packet as an alternative to letters. These forms are quick and easy to complete.

Once your paperwork is complete, I will contact you to schedule a meeting to discuss the items mentioned above. If you have any questions or need assistance, please call me at (618) 549-0721, ext. 65108.

Thank you once again for your interest in volunteering at SIH Memorial Hospital of Carbondale and/or the SIH Cancer Institute. We look forward to welcoming you to our team.

Sincerely,

A handwritten signature in cursive script that reads "Paula Frisch".

Paula Frisch, Manager, Volunteer Services  
SIH Memorial Hospital of Carbondale  
[paula.frisch@sih.net](mailto:paula.frisch@sih.net)  
618.549.0721 ext. 65108



# Volunteer Services

SIH Memorial Hospital of Carbondale

Volunteers and Auxilians at SIH Memorial Hospital of Carbondale and SIH Cancer Institute are essential to providing quality and compassionate patient care. Each year, they generously donate over 20,000 hours of their time, which is truly life's most precious gift. By supporting the staff, these volunteers help create a comfortable experience for patients, their families, and visitors.

Here are some examples of ongoing volunteer activities at the hospital and cancer center:

- Pink Geranium Gift Shop
- Beauty Within Boutique – Cancer Institute
- Main Lobby Information Desk
- Emergency Department
- Mother/Baby Department Cuddler
- Pastoral Care
- Blood Drives
- And much more!

Our Volunteer and Auxiliary Program has been serving the people of Southern Illinois for 60 years and continues to do so. For more information about the Volunteer program or the SIH Memorial Hospital of Carbondale Auxiliary, please contact 618.549.0721 ext. 65108 or email [paula.frisch@sih.net](mailto:paula.frisch@sih.net).



## Volunteer Application (Adult)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_  
(month/day ONLY)

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Describe your present/past work experiences:

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Describe your present and/or previous volunteer experience(s):

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What type of volunteer activities interest you?

Examples – Volunteer Desk, Gift Shop, Same Day Surgery, Cuddler Program.

*(you must be a volunteer [within SIH], in good standing, for one year before applying to the Cuddler Program)*

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(over)



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SIH Memorial Hospital of Carbondale

**Organizations to which you belong:** *(church, community, civic, school)*

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**Commitments you currently have:**

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**Days and times you can volunteer:**

Weekdays Days: M T W TH F *(circle all that apply)* Times: \_\_\_\_\_

Weekend Days: SA SU *(circle all that apply)* Times: \_\_\_\_\_

**References and background checks are required as a Volunteer. (Reference forms included below)**

**References:** *(persons – not relatives – whom we may contact regarding your volunteer skills)*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Volunteer Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the completed form or for more information, contact:**

Paula Frisch, Manager, Volunteer Services  
SIH Memorial Hospital of Carbondale  
Ph: 618.549.0721 ext. 65108 | Fax: 618.351.5670  
[paula.frisch@sih.net](mailto:paula.frisch@sih.net)



## Volunteer Reference Form (1)

\_\_\_\_\_ has applied to work as a Volunteer at Memorial Hospital of Carbondale and/or SIH Cancer Institute. Please take a moment to answer the following questions.

1. Do you recommend the applicant as dependable and qualified to accept volunteer responsibilities in a hospital setting?
2. How long have you known the applicant?
3. In what capacity do you know the applicant (social, business, etc.)?
4. Would there be any reason you feel this person should not be considered as a volunteer at Memorial Hospital of Carbondale?  
 Yes, the applicant should be considered for volunteering.  
 No, the applicant should not be considered for volunteering.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Thank you for taking the time to respond. All information will be kept confidential.

Paula Frisch, Manager, Volunteer Services  
SIH Memorial Hospital of Carbondale  
Ph: 618.549.0721 ext. 65108 | Fax: 618.351.5670 | [paula.frisch@sih.net](mailto:paula.frisch@sih.net)



## Volunteer Reference Form (2)

\_\_\_\_\_ has applied to work as a Volunteer at Memorial Hospital of Carbondale and/or SIH Cancer Institute. Please take a moment to answer the following questions.

1. Do you recommend the applicant as dependable and qualified to accept volunteer responsibilities in a hospital setting?
2. How long have you known the applicant?
3. In what capacity do you know the applicant (social, business, etc.)?
4. Do you feel this person should not be considered as a volunteer for Memorial Hospital of Carbondale?  
 Yes, the applicant should be considered for volunteering.  
 No, the applicant should not be considered for volunteering.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Thank you for taking the time to respond. All information will be kept confidential.

Paula Frisch, Manager, Volunteer Services

SIH Memorial Hospital of Carbondale

Ph: 618.549.0721 ext. 65108 | Fax: 618.351.5670 | [paula.frisch@sih.net](mailto:paula.frisch@sih.net)

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