



Thank you for your interest in volunteering at the Center for Hearing & Speech!

Volunteers play an important role in supporting the Center for Hearing & Speech's mission to improve the quality of life for individuals with hearing and speech disorders by providing high-quality services regardless of one's ability to pay. We rely on the dedicated volunteers who give their time and talents to help our professional staff. Please note that Center volunteers do not have the opportunity to work with individuals receiving services.

Volunteers must be at least 14 years of age.

To get started volunteering at the Center:

1. View the current volunteer opportunities on our website:
www.hearing-speechstlouis.org/donate_your_time.php
2. Complete and submit the Volunteer Application. *Feel free to attach your resume, although it is not required.*
Applications can be mailed to 9835 Manchester Road, St. Louis, MO 63119; faxed to (314) 968-4762 or emailed to volntr@chsstl.org.
3. The Center's Volunteer Manager will contact you to schedule an interview and volunteer orientation.
4. All volunteers must complete an orientation and the HIPAA training before volunteering.

If you have any questions, please contact the Volunteer Manager at (314) 968-4710 or volntr@chsstl.org.

The Center for Hearing & Speech Volunteer Program has met the standards of the United Way Center Certification for an effective training and management of volunteers.





Volunteer Application

9835 Manchester Rd
St. Louis, MO 63119
Fax: 314-968-4762

Name: _____ Date: _____
Address: _____ Home School
City: _____ State: _____ Zip Code: _____
Home Phone: (____) ____-____ Cell Phone: (____) ____-____
Email Address: _____
Birthday (month/day) ____/____ Are you over 14 years old? yes no (volunteers must 14 years or older)
How did you hear about volunteer opportunities at the Center? _____

If it was a volunteer recruitment website, please be specific: _____

Employment & Education Information:

Employment Status: Employed Retired Not currently working Volunteer Student

If employed, please provide the following:

Employer: _____ Occupation/Title: _____

If you are a student, please provide the following:

College or high school: _____ Grade: _____

Degree and/or field of study: _____

Preferences in Volunteering:

All of the Center's volunteer position descriptions are on the website, under the "donate your time" tab along with any recruitment messages.

I am interested in the following positions (check and/or circle all that apply):

- Department Volunteer: Audiology Speech Language School Screening
 Accounting/Finance Development Marketing/Communications
- Administrative (clerical) Support: Office Aid Billing Aid Clinic Secretary Aid
- Special Events Volunteer: Musical Mayhem Free Clinic Day
- Health fair or Community Outreach Volunteer
- Short-term Volunteer project: _____

Availability:

How long are you looking to volunteer for? Episodic Short term (1-3 months) one semester Year+

What type of volunteer opportunity are you looking for?

Weekly department volunteer special event/ health fair volunteer as needed/on call basis

Are you volunteering for a requirement? yes no

If yes, for what organization? _____

Number of required hours: _____ to be completed by: ____/____/____

The Center has only one location-9835 Manchester Road, 63119 and is open Monday-Friday, 8:00 am- 5:00 pm. All volunteer opportunities will take place during our working hours. Special events may be an exception.

When are you available to volunteer? (Please indicate days and times that you are available)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Date you are available to begin: _____

Volunteer Assessment:

Please attach another page if necessary.

Why do you want to volunteer at the Center?

Please list any previous volunteer experience:

I would like to use the following skills as a volunteer at the Center:

My ideal volunteer position would be:

Personal or Work References:

1. Name: _____
Email: _____ Telephone Number: _____
2. Name: _____
Email: _____ Telephone Number: _____

I certify that the statements made in this volunteer application are true. In addition, as a Center volunteer, I understand that the Center will add me to their mailing lists but will not disclosure my information to another party.

Volunteer Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

(if applicant is under 18 years of age) By signing, you give your child permission to volunteer at CHS.