

# Volunteer Opportunities

## New Member Application Form

To become a member of the Methodist VIP, please complete the application form below. Upon receipt of your application, you will be contacted by the Volunteer Services Department for an interview.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Eve Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**I am interested in volunteering in the following areas (check all that apply)**

**Patient Services**

- Patient Coffee Delivery  Patient Flower Delivery  Patient Mail Delivery  Radiology Attendant  Baby Cuddler

**Information and Hospitality**

- Information Desk, Greeters, Guides  Surgery Waiting Lounge

**Gift Shop**

- Gift Shop Clerk  Gift Shop Buyer  Gift Shop Office (data entry/store room)

**Support**

- Central Supply  Clerical Projects  Sewing Projects

**Specialized Areas and Groups**

- Flamingos for Hope* (cancer survivors and caregivers)  Hospice  Pastoral Services  Physical Therapy  
 *Reach to Recovery* (breast cancer survivors)  Renaissance Health Clinic  Other \_\_\_\_\_

**Availability**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Location preference (check all that apply)**

- Nebraska Methodist Hospital  Methodist Women's Hospital  
 Methodist Estabrook Cancer Center  Methodist HealthWest

**Volunteer History**

Have you volunteered at another organization(s)?  No  Yes: If yes, please list organizations:

\_\_\_\_\_

Responsibilities included \_\_\_\_\_

**Education and Work Experience**

Current Employer \_\_\_\_\_  Full Time  Part Time

Business Address \_\_\_\_\_

May we contact you at work?  No  Yes

Are you a student:  No  Yes: If yes, list school:

\_\_\_\_\_  Full Time  Part Time

**Person to Notify in case of Emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**How did you hear about Methodist volunteer opportunities?**

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*The following questions are required as part of our application process for all volunteers interested in working in a hospital setting.*

**Have you ever been convicted of a felony or misdemeanor?**

No  Yes: Date(s) convicted \_\_\_\_\_ If yes, please explain:

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A conviction record will not necessarily disqualify you from volunteer opportunities. The circumstances of the conviction(s) will be considered in relation to the nature and duties of the volunteering opportunity for which you apply.

**Have you ever been subject to exclusion or penalties from Medicare as a participating provider?**

No  Yes: If yes, please explain:

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Exclusions or penalties from Medicare will not necessarily disqualify you from volunteer opportunities. The circumstances will be considered in relation to the nature and duties of the volunteering opportunity for which you apply.

**Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state, or any other state?**

No  Yes: If yes, please explain:

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## Thank you for your interest in the Nebraska Methodist Volunteer Services Program.

I understand that as a Volunteer, I am expected to respect patient rights. One of the ways in which I will accomplish this is by not discussing, with anyone, the confidential information I may obtain through my assignment(s) with Methodist Health System and/or any of its affiliates.

I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for volunteer service or immediate discharge from volunteer service when discovered.

I understand that this application is not a contract of volunteering service. I understand that if I receive an offer of volunteer service, it will be a conditional offer, expressly subject to safely meeting the mental and physical requirements of the volunteering opportunity, which may include a post offer medical exam.

I understand if I am offered a volunteering opportunity, it will be contingent on successfully passing a post offer drug test, criminal background check, and various registry checks.

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

**Please return to:**

Volunteer Services  
Nebraska Methodist Hospital  
8303 Dodge Street  
Omaha, NE 68114  
Phone: (402) 354-4374