



An Affiliate of Methodist Health System

Application Date _____

Methodist Hospital, Second Floor
 8303 Dodge St., Omaha, Nebraska 68114
 Phone: (402) 354-4522 Fax: (402) 354-8735

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

Personal Information

Last Name		First Name		MI
Nickname	Home Phone		Work Phone	
Address			Apt #	
City		State		Zip
E-mail address (optional):			Birthday (month/day only)	

Education and Work Experience

Current Employer	
Business Address	Full Time? Part Time?
May we contact you at work?	
Are you a student?	School
Full Time? Part Time?	

Volunteer Work Preference

Availability

<input type="checkbox"/> Helping Visitors/Families	<input type="checkbox"/> Office/Clerical	Please check the boxes for the days and times you are most interested in volunteering:							
<input type="checkbox"/> Helping Patients	<input type="checkbox"/> Individually								
<input type="checkbox"/> Mailings/Special Projects	<input type="checkbox"/> Answering Phones								
<input type="checkbox"/> Typing/Filing/Computer	<input type="checkbox"/> Sewing/Crafts		S	M	T	W	TH	F	Sa
<input type="checkbox"/> Errands/Delivery	<input type="checkbox"/> Other	Morn.							
		After.							
		Eve.							

Have you ever been convicted of a felony or misdemeanor?
 No Yes Date(s) convicted _____ If yes, explain and give details _____

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 and give details _____

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 and give details _____

Person to Notify in case of Emergency			
Last Name		First Name	
Address			
City		State	Zip
Phone	Relationship		

Volunteer History	
Have you volunteered your time at another Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, where?	
Name	Phone
What were your responsibilities?	

Please List a Personal Reference			
Name		Phone	
Address		State	Zip
Relationship			
Name		Phone	
Address		State	Zip
Relationship			

Please use this space to express your reasons for pursuing a volunteer position.

Thank you for your interest in the Volunteer Services Program at Nebraska Methodist Hospital

Please Read Carefully Before Signing

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) at Methodist Hospital.

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** _____