

VOLUNTEER

APPLICATION



Date _____

Name _____
(Last) (First)

Legal Name (if different from above) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

LOCATION

- Methodist Hospital (MH)
- Methodist Women's Hospital (WH)
- Methodist HealthWest (HW)
- Methodist Estabrook Cancer Center (CC)
- West Dodge Medical Plaza (MP)

PREFERENCE:

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

PATIENT SERVICES:

- Patient Flower & Mail Delivery
- Patient Coffee Delivery (MH only)
- Chemo Room Attendant (CC only)
- No One Dies Alone Program (on call only)
- Therapy Dog & Handler Escort
- Imaging Escort
- Imaging Attendant (MH only)
- H.E.L.P. – Hospital Elder Life Program (MH only)
- Personal Pet Visitation (on call only)

INFORMATION

AND HOSPITALITY:

- Information Desk, Greeters, Guides
- Surgery Waiting Lounge (MH only)

GIFT SHOP:

- Gift Shop Clerk
- Gift Shop Buyer

SUPPORT:

- Central Supply (MH only)
- Clerical Projects
- Terrace Garden Assistant (MH only)
- Sewing

SPECIALIZED AREAS

AND GROUPS:

- Flamingos for Hope (cancer survivors and caregivers)
- Reach to Recovery (breast cancer survivors)

How did you hear about Methodist's volunteer opportunities? _____

Did someone refer you to the Methodist Volunteer Program? No Yes

If yes, who? _____

AVAILABILITY:

	SUN	MON	TUE	WED	THU	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"/>



Volunteer History

Have you volunteered at another organization(s)? No Yes

If yes, please list organizations: _____

Responsibilities include: _____

Education and Work Experience

Current Employer _____ Full-Time Part-Time

Business Address _____

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

Full-Time Part-Time Est. Graduation Year _____

Person to Notify in Case of Emergency

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

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: _____

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 your desired volunteer position.

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

No Yes If yes, please explain: _____

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 your desired volunteer position.

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: _____

Thank you for your interest in the 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 ALL APPLICATIONS TO OUR MAIN OFFICE AT:

Volunteer Services, c/o Methodist Hospital, 8303 Dodge Street, Omaha, NE 68114.

For more information, please call 402-815-1130.

