



## Volunteer History

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

If yes, please list organization/area: \_\_\_\_\_

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 volunteer service. I understand that if I receive an offer to volunteer, it will be a conditional offer, expressly subject to safely meeting the mental and physical requirements of the volunteering opportunity, including 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.

I understand that, if injured while volunteering, I/my insurance is responsible for any medical expenses related to this injury.

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

Please return all applications to our main office at:

Methodist Volunteer Services, 707 N. 190<sup>th</sup> Plaza, Omaha, NE 68022

For more information, please call 402-815-1130