

# Volunteer APPLICATION



Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First)

Legal Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Did someone refer you to the Methodist Volunteer Program?    No    Yes    If yes, who referred you? \_\_\_\_\_

## PERSON TO NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

## LOCATION PREFERENCE

Methodist Hospital (MH)    Methodist Women's Hospital (WH)    Either Hospital

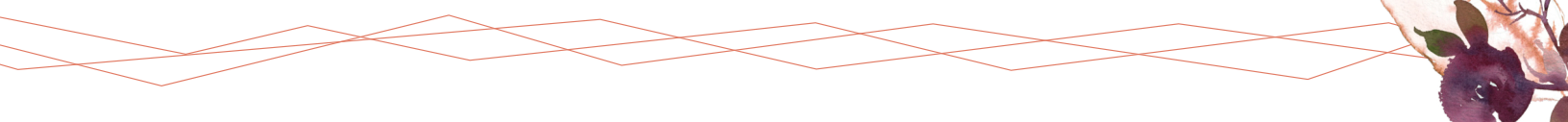
Please use this space to explain why you wish to become a Volunteer and what you expect to gain from this experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what other extracurricular activities (i.e. sports, show choir, debate, band, volunteer, etc.) do you participate?

\_\_\_\_\_  
\_\_\_\_\_

Availability    :    SUN    MON    TUE    WED    THU    FRI    SAT



**PERSONAL REFERENCE** *This could be a coach, mentor or teacher.*

Name \_\_\_\_\_  
(Last) (First)

Phone \_\_\_\_\_

Email \_\_\_\_\_

**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 and/or Methodist Women's 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 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.

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

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

**PARENT/GUARDIAN CONSENT**

I give consent for \_\_\_\_\_ to participate in the Methodist Volunteer Program.

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

**THANK YOU FOR YOUR INTEREST IN THE METHODIST VOLUNTEER PROGRAM.**

The Methodist Volunteer program offers high school students a special opportunity to gain experience in the health care setting. All incoming and current Omaha metro-area high school students are eligible and must commit to a minimum of 1 year of service. Two Volunteer scheduling options are offered.

- Weekday: One 2-hour shift per week, to be completed after school hours
- Weekend: One 4-hour shift on a bi-weekly basis

Please keep in mind our program receives many more applications than positions available. Unmatched applications will be kept on file for 1 year in case openings should arise.

**PLEASE RETURN APPLICATION TO YOUR PREFERRED VOLUNTEER LOCATION:**

Methodist Hospital Volunteer Services, 8303 Dodge Street, Omaha, NE 68114 | (402) 354-4533  
Methodist Women's Hospital Volunteer Services, 707 N. 190th Plaza, Omaha, NE 68022 | (402) 815-1130  
You may also email your application to vip@nmhs.org.

