

Volunteer

APPLICATION



Date _____

Name _____
(First) (Last)

Legal Name (if different from above) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Email _____

Home Phone _____ Cell Phone _____

LOCATION PREFERENCE(S)

Methodist Hospital (MH)

Methodist Women's Hospital (WH)

Methodist Estabrook Cancer Center (CC)

Please check areas that may be of interest to you.

We look forward to providing you more information about all the service areas during the interview process.

PATIENT SERVICES

Patient Coffee Delivery

Imaging Attendant

Chemo Room Attendant

Therapy Dog & Handler Escort

No One Dies Alone Program

H.E.L.P. – Hospital Elder Life Program

INFORMATION AND HOSPITALITY

Information Desk, Greeter, Guide

Gift Shop Clerk

Surgery Lounge Attendant

OPERATIONAL SUPPORT

Central Supply

Clerical or Sewing Projects

Garden Assistant

Availability

SUN

MON

TUE

WED

THU

FRI

SAT

Morning.....

Afternoon.....

Evening.....

*Be sure to complete the
back side of this form.*

EDUCATION AND WORK EXPERIENCE

Employed Non-Employed Retired

Current Employer _____ Full-Time Part-Time

Are you a college student? No Yes If yes, list school: _____
Full-Time Part-Time Est. Graduation Year _____

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 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 am/my insurance is responsible for any medical expenses related to this injury.

Signature _____ Date _____

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.

