



VOLUNTEER APPLICATION

Providence Medical Center
1200 Providence Road
Wayne, NE 68787

PERSONAL INFORMATION

Last Name			First Name			M.I.		
Social Security Number					Birth Date			
Mailing Address								
City				State			Zip	
Home Phone				Cell Phone				
Email								
Emergency Contact Name					Relationship			
Emergency Contact Number								
Employer			Occupation			Contact Number		
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, what is your year of graduation?								
What level of education of you enrolled in? <input type="checkbox"/> Jr/Sr. High School <input type="checkbox"/> College <input type="checkbox"/> Post graduate								
If under the age of 19, please list the name and contact information of a parent or legal guardian.								
Name								
Relationship					Contact Number			
Parent/Legal Guardian Signature					Date			

VOLUNTEER INFORMATION

Area you wish to volunteer in: <input type="checkbox"/> Hospice <input type="checkbox"/> Greeter <input type="checkbox"/> Wayfaring <input type="checkbox"/> Welcome desk <input type="checkbox"/> Light Office Work <input type="checkbox"/> Patient Socialization <input type="checkbox"/> Caring for Plants <input type="checkbox"/> Pet Therapy <input type="checkbox"/> Rock Steady Support
Date available to begin volunteering
Days and hours preferred



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Have you ever volunteered at Providence Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?
Do you have any limitations or special needs which need accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain.
Have you ever been arrested or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Conviction will not necessarily disqualify applicant from consideration.)</i>
If yes, please explain, including dates and charges.
Please list any previous paid and volunteer experiences:
Please list any special training that could be of benefit while volunteering:

PERSONAL REFERENCES	
Name	Contact Number
Name	Contact Number

VERIFICATION REVIEW	
<p><i>I wish to donate my services to Providence Medical Center and understand there is no payment for services. I understand that Providence Medical Center may take photographs of me from time to time for its publications or other uses.</i></p> <p><i>I certify that the information contained in this application for volunteer service is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of service and/or dismissal regardless of when discovered. I grant permission for the authorities of Providence Medical Center to investigate my references and release them from any and all liability resulting from such investigation.</i></p> <p><i>I agree to submit to a health screen, including drug and/or alcohol screening, and recognize acceptance as a volunteer is contingent upon successfully meeting health screen and background checking requirements. Volunteers are NOT covered by workers compensation insurance and a background check is required for all volunteers. I further agree that if I have been convicted of a crime, the authorities of Providence Medical Center may obtain the details of my conviction to determine its relationship to the volunteer service.</i></p> <p><i>In consideration of my service, I agree to conform to the rules and regulations of Providence Medical Center, particularly in the area of maintaining confidentiality regarding patient and family information. I understand that failure to abide by all policies and procedures may result in my termination from the volunteer program. I agree to hold harmless and release Providence Medical Center, its Board of Directors, employees, staff, and other volunteers from any and all liability for damages or personal injury for my participation as a volunteer.</i></p>	
Signature	Date

Providence Medical Center is an Equal Opportunity Employer and Provider
Please return this form to Human Resources. HR can be reached at 402-375-7618 or
hr@providencemedical.com