

Volunteer Resources

BryanLGH Medical Center

402-481-3032

Volunteer Application

Volunteer # _____

Personal Information				
Last Name		First Name		MI
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	Preferred Name	Cell Phone	Home Phone
Current Address			Apt. #	
City		State		Zip
E-mail address (optional)			Birthday (month/day only)	
Emergency Contact Person		Relationship		Phone number

Education, Employment and Volunteer Experience			
Current Employer (optional)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Phone Number
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School		Expected date of graduation	
Hobbies, Skills or Special Interests			
Previous Volunteer or paid employment experience			
Have you Volunteered at BryanLGH in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What Position?			

Skills/Preferences (check all interests)	Availability																																
<input type="checkbox"/> Helping Visitor/Families	Please check the boxes for the days and times you are most often available to volunteer.																																
<input type="checkbox"/> Helping Patients																																	
<input type="checkbox"/> Mailings/Special Projects																																	
<input type="checkbox"/> Office/Clerical																																	
<input type="checkbox"/> Sewing/Crafts																																	
<input type="checkbox"/> Errands/Delivery																																	
<input type="checkbox"/> Answering Phones																																	
<input type="checkbox"/> Other																																	
	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">S</th> <th style="width: 10%;">M</th> <th style="width: 10%;">T</th> <th style="width: 10%;">W</th> <th style="width: 10%;">Th</th> <th style="width: 10%;">F</th> <th style="width: 10%;">Sa</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Morning</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">Afternoon</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">Evening</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		S	M	T	W	Th	F	Sa	Morning								Afternoon								Evening							
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Other Information
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
Do you need verification of your BryanLGH volunteer hours for a requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
** As part of the Volunteer Service Program dress code, you will be required to purchase a uniform for \$10 from the Volunteer Resource Department. Please bring \$10 cash or check payable to BryanLGH Medical Center to your interview.

Volunteer Statement: I wish to donate my services to BryanLGH Medical Center and understand there is no payment for services rendered as a volunteer at BryanLGH. I understand that the Medical Center may take photographs of me for publications or other uses. I agree to abide by the rules, regulations, and policies of the Medical Center department in which I serve and Volunteer Resources Department. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by the Medical Center/department in which I serve/Volunteer Resources Department rules, regulations, or policies, that I will be terminated from the volunteer program and it may result in legal action. I authorize the Volunteer Resources Department staff to investigate all statements made in this application and to contact any paid employer or volunteer agency listed and, if necessary on my placement, do a police record check and/or driving record.

Volunteer Signature: _____ Date: _____

If applicant under 19 years of age:

I give permission that _____, may volunteer at BryanLGH Medical Center, accepting all rules, regulations, and policies.

Parent Signature: _____ Date: _____



OFFICE USE ONLY: (To be completed after Interview/Placement)

Interview Date: _____ Interviewer: _____

Orientation Date: _____ Applicant Accepted: ___ Yes ___ No

Is anyone else at your address a BryanLGH volunteer? _____

How were you referred to BryanLGH? _____

Summary of Interview:

Assignment Information:

Department	Volunteer Position	Day/Time	Position Description	Training/Start Date	End Date

Resignation Date: _____ Reason: _____ Board Member/Time Period: _____

Last Day Worked: _____ Hour/ Award Info: _____