

**Wamego Health Center  
Volunteer Services  
Adult Volunteer Application**



Date Received: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YY)

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

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

Home Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**INTEREST**

Please list any relatives or friends employed or volunteering for Wamego Health Center:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Indicate the reason you are seeking a volunteer position: (Check all that apply)

- Interest in the medical field
- Family/ friends volunteer
- Requirement for class
- Other:
- Interest in Wamego Health Center as a future career option
- Extra time
- Service hours to graduate
- How many: \_\_\_\_\_
- By when: \_\_\_\_\_

How did you hear about Wamego Health Center?

- Friend (who) \_\_\_\_\_
- Church (which one) \_\_\_\_\_
- WHC Web Page
- Employer (who) \_\_\_\_\_
- Poster/ Flyer (where) \_\_\_\_\_
- Other \_\_\_\_\_

Have you volunteered for Wamego before?  No  Yes  
When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## SKILLS/ SPECIAL INTERESTS

Education:  High School  College  Post College  
 Degree: \_\_\_\_\_

Describe current or previous volunteer activities: \_\_\_\_\_

Would you be willing to volunteer for special events?  Yes  No

## EMPLOYMENT

I am: (check all that apply)

Unemployed  Employed Occupation: \_\_\_\_\_  
 Retired  Student School: \_\_\_\_\_

Current or last place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Days and hours: \_\_\_\_\_

Have you previously been employed at Wamego Health Center? \_\_\_\_\_ When: \_\_\_\_\_

## PLACEMENT AND SCHEDULING

(We ask for a minimum of 16 weeks commitment for all volunteers)

Date you are available to begin: \_\_\_\_\_

We ask our volunteers to commit to a regular schedule. How many hours a week are you able to volunteer? \_\_\_\_\_

Please circle the days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday
MORNING	MORNING	MORNING	MORNING	MORNING
AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
NIGHT	NIGHT	NIGHT	NIGHT	NIGHT

\*Note: Night hours are used for Sitters

Areas of interest and/ or concerns: \_\_\_\_\_

Are there any departments or situations that might make you feel uncomfortable?  Yes  No

If yes, please explain: \_\_\_\_\_

## CHARACTER REFERENCES

Three adults, not relatives, you have known for at least two years; employer, minister, counselor, etc.

A reference form will be sent to each of your references. All must be returned before we process your application.

Name: _____ (First) (Last)	Relationship: _____
Address: _____ (Street) (City/State) (Zip)	
Home Phone: _____	Work Phone: _____
Email: _____	

Name: _____ (First) (Last)	Relationship: _____
Address: _____ (Street) (City/State) (Zip)	
Home Phone: _____	Work Phone: _____
Email: _____	

Name: _____ (First) (Last)	Relationship: _____
Address: _____ (Street) (City/State) (Zip)	
Home Phone: _____	Work Phone: _____
Email: _____	

## IMPORTANT INFORMATION

Have you ever been convicted of a felony for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Do not include traffic violations)  Yes  No

If yes, date of conviction or plea: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State or County: \_\_\_\_\_

Describe circumstances: \_\_\_\_\_

Please disclose all of the convictions or pleas that have been requested, even if the conviction or plea has been discharged, expunged, or otherwise removed from your record. Convictions and pleas are not an automatic bar from placement. We will consider relevant factors such as, the recency and nature of the violation, in the placement process.

## PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I certify, to the best of my knowledge, that all information given by me in this application is true and correct. I authorize Wamego Health Center to utilize this information in determining my volunteer placement. I understand that false or misleading statements made by me, or consequential omissions of any kind in the application process, are sufficient causes for my not being accepted as a volunteer or for my dismissal from Wamego Health Center Volunteer Program.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not followed through with references, interviews, and orientation, it will be necessary to reapply and fill out a new

I understand that I will not be paid for my services as a volunteer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

If selected to become a Wamego Health Center volunteer, I understand the necessity of maintaining privileged and confidential, all information which I may learn about WHC patients. This includes, but is not limited to, patient diagnosis, courses of care and treatment, prognosis, personal lives, relationships and concerns, family matters, and all information contained between patients and WHC staff, between patients and volunteers or between physicians, and WHC staff in regards to any patient.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Wamego Health Center does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, or any other characteristic protected by law.**

## HEALTH INFORMATION

In accordance with Via Christi's Volunteer Policies, acceptance of an applicant is based upon successful completion of:

- Background check
- Verification of vaccinations
  - Hepatitis B
  - MMR
  - Varicella
  - Tdap
- Current on
  - TB skin test
  - Flu shot

**Wamego Health Center Volunteer Services**  
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