

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



Date Received: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: ____/____/____
(LAST) (FIRST) (MI)

Address: _____ Home Phone: _____
(STREET) (CITY/STATE) (ZIP)

Email Address: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Home Phone: _____
(LAST) (FIRST)

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 Webpage
- Employer Who: _____
- Poster / Flyer Where: _____
- Other: _____

Have you volunteered for Wamego Health Center before? YES NO

Reason for Leaving: _____

SKILLS/ SPECIAL INTERESTS

Education: High School College Post College
 Degree: _____

Describe current or previous volunteer activities: _____

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? YES NO Days and hours: _____

Have you previously been employed at Wamego Health Center? YES NO When: _____

PLACEMENT AND SCHEDULING

(We ask for a minimum of 16 weeks commitment form our 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

Areas of interest or concern: _____

Are there any departments or situations that might make you feel uncomfortable? YES NO

If yes, please explain: _____

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 application.

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

- Background check
- Verification of vaccinations:
 - Hepatitis B
 - MMR
 - Varicella
 - Tdap
- Current on:
 - TB skin test (within the past year)
 - Flu shot (within the current flu season)

Wamego Health Center Volunteer Services
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