

Dear Applicant,

Thank you for your interest in joining the volunteer program at Memorial Hospital of Sweetwater County. We are very proud of our dedicated team of adult volunteers, including men, women and student volunteers.

Memorial Hospital of Sweetwater County recognizes volunteers as an essential part of our vision. It is important that your volunteer experience be satisfying and fulfilling, while providing the highest quality of customer service to our patients, visitors and staff. Your time is appreciated and it does make a difference in the lives of others throughout the hospital as well as our community.

The process for becoming a volunteer includes the following:

- The application/packet needs to be filled out completely per instructions. (*Incomplete packets will not be considered*)
- References (2) must be returned in <u>sealed envelopes</u> with volunteer application (references must initial over the envelope seal)
- An interview will be scheduled with Memorial Hospital of Sweetwater County Community Outreach Director
- Our program requires a <u>minimum commitment of 8 hours per month</u>. If you cannot make this commitment, please <u>STOP</u> now and call or email us to talk about short-term needs.
- After the initial interview, you will be asked to schedule a health screening with the employee health nurse and provide immunization records prior to orientation (*no exceptions*)
- Training in a volunteer service area or service areas will be scheduled following orientation
- Photo identification badges will be issued before your first volunteer shift

Due to the time and cost of the volunteer process, we do not consider applications for court ordered community service.

#### Return the <u>completed</u> packet to:

Memorial Hospital of Sweetwater County Attn: Lena Warren, Community Outreach Director 1200 College Drive Rock Springs, WY 82901

I look forward to meeting you, and am happy to assist in your new volunteer experience. If you have any questions contact me at 307-352-8418 or at <a href="https://www.uwestwatermemorial.com">www.uwestwatermemorial.com</a>.

Sincerely,

Lena Warren

Lena Warren Community Outreach Director



Volunteer Services Adult Hospital Volunteer Application Memorial Hospital of Sweetwater County 1200 College Drive, Rock Springs WY 82901 Phone: 307-352-8418

# Due to the time and cost of the volunteer process, we do not consider applications for court ordered community service.

Volunteer opportunities vary depending on the availability of positions.

## Adult/College Student (Must be at least 18 years of age)

Full Name			
Full Name (Last) (	(First) (M	iddle Initial)	
Address		City	Zip
Home Phone	Work Phone	Cell Phor	le
Date of Birth	Email Add	ress	
Education (circle highest comple	eted) High Scho	ol: 1 2 3 4 College	: 1 2 3 4 Graduate: 1 2 3 4
If you are currently a student, w	vhere are you enr	olled?	
Community/Affliations			
Source of referral			
Times you have available to volu S M T W TH F Sat			
Hours/wk (circle days)	(morning)	(afternoon)	(evening)
Availability to start/ Mo.	Yr.		
Emergency Contact.			
(Name)	(Relationship)	(Home #	) (Other#)

VOLUNTEER EXPERIENCE Name of Agency (current first)	Dates	Titles/Duties
1		
2		
3		
<b>WORK EXPERIENCE</b> <i>Name of Employer (current first)</i>	Dates	Titles/Duties
1		
2		
3		

Please list Two (2) References including their mailing addresses and telephone numbers

 1.

 2.

# Forms for references are attached with instructions

Have you previously volunteered with Memorial Hospital of Sweetwater County?	YesNo
If yes, please list dates and department(s).	
Date(s)	
Do you have any relatives currently employed by MHSC?	YesNo
If yes, names (s)/relationship	
Have you ever been convicted of a felony and/or misdemeanor, pled guilty or no contest, or	
forfeited bond or bail for any crime other than traffic violations?	_Yes _No
If yes, please explain:	
(Conviction of a crime is not an automatic bar to volunteering. Factors such as the nature	
and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence will be considered.)	

#### ADDITIONAL INFORMATION: (do not leave blank) \*\*\*Please use the space provided to tell us why you would like to volunteer at Memorial Hospital and what skills and qualities you have contribute.\*\*\*

#### Please read carefully, <u>initial each paragraph</u> and sign below:

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of any volunteer position.

(Initial)

I authorize Memorial Hospital of Sweetwater County to thoroughly investigate my references, education and other matters related to my suitability for volunteer work. (e.g., criminal records, school records, etc.).

(Initial)

I authorize Memorial Hospital of Sweetwater County to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Memorial Hospital of Sweetwater County has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from volunteer service.

(Initial)

I affirm that the information provided on this application is true and complete
 I understand that as a Volunteer I may not accept payment for my services

Please return this Volunteer Application with Reference Letters to the Lena Warren Community Outreach Director Memorial Hospital of Sweetwater County 1200 College Drive, Rock Springs WY 82901

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# **Adult and College Volunteers**

## **Volunteer Requirements:**

## You must be 18 years of age or older and out of high school.

- Commit to at least one four-hour shift per week or single event. To maintain active status, volunteers must work a minimum of <u>eight hours per</u> <u>month</u>.
- Commit to a minimum of 100 hours of service to be completed in one calendar year. College students need at least 60 hours of service in a single block of time, for example: Summer break.
- Letters of recommendation and verification of hours are available after 60 hours of service.
- Obtain immunization records and schedule appointment with the employee health nurse prior to orientation.
- All hospital volunteers must have prior documentation of having received a Tuberculosis (TB) skin test within the last year. *If you do not have the required verification, the hospital will provide screening testing at no expense to you.*
- Attend orientation. (approximately 3 hours)
- Be able to perform the essential requirements of the duty, as assigned.

Volunteers serve in many areas of the hospital. They work in their assigned area for a 3-4 hour shift every week. We expect a serious commitment from our volunteers, much as one is expected to be committed to a job.

We provide training to the volunteers, schedule their work, keep track of hours worked, and write letters of achievement after a minimum of 60 hours are served.

If this sounds like the kind of volunteer service you are interested in, we encourage you to complete the enclosed application carefully.

# Incomplete applications will be disqualified.