

Dear Volunteer Applicant:

Thank you for your interest in volunteering at Platte Valley Medical Center.

Once your application is received, you will be called for a personal interview with the Volunteer Coordinator. This will give you the opportunity to tell us about yourself, what type of position you're interested in and your availability. Please note - we do not offer short term volunteer opportunities. We ask for a 6 month commitment.; 2-4 hours a week.

Important Information: To comply with Colorado State law, all healthcare workers, including volunteers, are required to obtain an influenza vaccination or provide proof of the vaccination. Vaccine will be offered free of charge at Platte Valley Medical Center. If vaccine is received elsewhere, a written statement from a licensed healthcare provider specifying that the vaccine was administered and the date it was administered will be required.

Additionally, Platte Valley Medical Center requires all new volunteers to be tested for Tuberculosis and street drugs. Use of marijuana product for any reason is not acceptable. There is no charge for this testing. Further information regarding flu vaccinations, TB testing and drug screen will be provided by the Occupational Health Nurse.

We are delighted that you have taken the first step toward becoming a member of our volunteer team. If you have any questions about the application and/or orientation please feel free to contact us at 303-498-1580.

Sincerely,

Stephanie Aldrich
Volunteer Supervisor



Platte Valley Medical Center Volunteer Services Adult Volunteer Application

An Equal Opportunity Employer. Platte Valley Medical Center does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability or any other status protected by law/regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on position-related factors.

Today's Date: _____

Personal Information

Name: _____ Nickname: _____

Date of Birth: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell: _____

Have you ever applied or volunteered with us before? No Yes

If yes, in what year? _____

What inspired you to volunteer at Platte Valley?

Volunteer History:

Volunteer area(s) of interest:

Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening



Education: Check last year of school completed: 8 9 10 11 12

College # of years: ___ Undergraduate degree: _____ Graduate degree: _____

Special Training, Certifications, Licenses or skills:

Employment Information: Employed Un-employed Retired Student

In case of an Emergency, please notify:

Name: _____ Relationship: _____

Phone Number: _____

Special Needs and/or comments:

Have you ever been convicted of a misdemeanor or felony? (Other than a minor traffic violation) or participated in a pre-trial deferral or diversion program? No Yes

Is there any other information you would like us to know? If so, please enclose a separate sheet of paper.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I fully understand and agree to provide my services to Platte Valley Medical Center as a volunteer in a voluntary capacity without any employment-type benefits, including but not limited to employment insurance programs, worker's compensation accrual or benefits in any form, vacations, or sick time.

Applicant's Signature: _____ Date: _____

References

Thank you for your interest in volunteering with Platte Valley Medical Center. To help us know more about you, please list references. A combination of personal and professional references is preferred. References can be people you know through church, your friends, co-workers, supervisors/managers you have worked for, people you know through community activities, etc. People you name as references should be knowledgeable about the skills, experience and personal qualities that qualify you for volunteering at Platte Valley Medical Center. If you have volunteered before at other agencies, please give us a reference form at least one of those agencies. *Please return this form with your application.* Thank you!

1. Name: _____

Position: _____ Phone Number: _____

How long have you known this person and in what capacity?

2. Name: _____

Position: _____ Phone Number: _____

How long have you known this person and in what capacity?

3. Name: _____

Position: _____ Phone Number: _____

How long have you known this person and in what capacity?

NOTIFICATION FORM

DISCLOSURE REGARDING CONSUMER REPORTS

THIS CONSTITUTES NOTICE AND DISCLOSURE UNDER THE FAIR CREDIT REPORTING ACT ("FCRA") THAT PLATTE VALLEY MEDICAL CENTER ("PVMC") MAY OBTAIN CONSUMER REPORTS ON YOU FOR EMPLOYMENT PURPOSES. PVMC MAY OBTAIN CONSUMER REPORTS ON YOU NOT ONLY DURING THE APPLICATION FOR EMPLOYMENT PROCESS, BUT ALSO WHILE YOU ARE AN EMPLOYEE OF PVMC, IF HIRED. CONSUMER REPORTS INCLUDE ANY INFORMATION BEARING ON A CONSUMER'S CREDIT WORTHINESS, CREDIT STADING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. THIS DISCLOSURE COVERS BOTH THE APPLICATION FOR EMPLOYMENT AND, IF YOU ARE HIRED, ANY ADDITIONAL CONSUMER REPORTS OBTAINED WHILE YOU ARE A VOLUNTEER AT PVMC.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Please print to complete the following:

Last Name _____ First _____ Middle Initial _____

Social Security # _____

Driver's License Number _____

Date of Birth _____

Present Address _____

I have read the above Disclosure Regarding Consumer Reports. By my signature, I authorize PVMC and its agents, including Background Information Services, Inc. ("BIS"), to obtain consumer reports about me in connection with my volunteer application and, if recruited, during the course of my volunteer service with PVMC, I further authorize all corporations, current or former employers, credit agencies, educational institutions, law enforcement agencies, licensing agencies, city, state and county and federal courts, government agencies, military services, organizations or other persons to release information they may have about me to PVMC or its agents. This Authorization shall be valid for this and any further consumer reports that may be requested by PVMC or its agents not only during the application for volunteer phase but also, if I am recruited, during the entire time I am a volunteer at PVMC.

Applicant's Signature

Date