

Dear Volunteer Applicant:

Thank you for your interest in volunteering at Lutheran Medical Center (LMC). Volunteers have played a key role in making Lutheran Medical Center the only Colorado hospital named seven times to the list of America's Top 100 Hospitals.

At LMC we have one standard, excellence. It's important for you to know LMC volunteers are required to take a great deal of training in order to work in the healthcare setting. This means periodically attending mandatory meetings, so you will want to consider if you are able to make a commitment requiring more time and effort than simply doing your volunteer job well.

To learn more about our program it will be necessary for you to attend an Orientation which will outline the expectations of a volunteer at LMC and how your work as a volunteer will support the healthcare team and the people who rely on us for care. With this information you will be able to decide if our opportunities match your own expectations.

Following your orientation, you'll schedule a personal interview with a Volunteer Services staff member. This will give you an 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.

Please refer to the following page for your step-by-step application and orientation guideline.

**IMPORTANT INFORMATION: To comply with Colorado State law, all healthcare workers, including volunteers, are required to obtain an influenza vaccination or provide proof of vaccination. Vaccine will be offered free of charge at LMC. 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, LMC requires all new volunteers to be tested for Tuberculosis and street drugs. Use of any 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 at orientation.

**NOTE: After returning your application, call 303-425-2142 to register for orientation. Orientations are generally offered on the first Saturday of the month. All potential volunteers must attend orientation prior to volunteering at LMC.**

We are delighted that you have taken the first step toward becoming a member of our outstanding volunteer team. If you have any questions about the application and/or orientation, please feel free to call us at 303-425-2142. We look forward to meeting you.

Sincerely,

Wendy Moline, Director  
Volunteer Services

## First Steps to Becoming a Lutheran Medical Center Volunteer:

1. Complete and return the application, reference form and release for background check in the envelope provided.
2. All potential volunteers are required to attend an Orientation before volunteering at Lutheran Medical Center. Call the Volunteer Office at 303-425-2142 to register. The customer service representative will inform you of dates and times, so have your calendar at hand when you call. Sessions are held once a month. You will need to arrive on time and be present for the entire program. Free self parking is available in the Visitor's Parking lot in front of the hospital entrance. Weekdays, free valet parking is also available.

3. TB Screening Requirements:

Comply with tuberculosis (TB) screening policy of LMC. SCL Health's goal is to have a safe and healthy environment for our patients, employees, and volunteers. Information on TB testing will be provided at Orientation.

LMC requires two skin tests before you may begin your volunteer service. The first TB screening test will be offered at orientation. You will need to come to LMC 2-3 days after the test to have your arm examined. The Volunteer Office hours are Monday thru Thursday day 8:30 a.m. to 4 p.m. The second test must be applied in Occupation Health (same building as Volunteer Office, Suite 407) at least 7-10 days after the first test. You must call 303-425-2631 to schedule an appointment. **Both tests are free of charge.**

If you have had a TB skin test done in the last 6 months, or would like to have your own physician read or apply the test, please have the results sent to the Volunteer Office.

4. After attending orientation, you will need to contact Debbie Anderson (303-425-8028) to schedule your placement interview. At your interview you will receive information on obtaining your second TB test and Drug Screen. All volunteers are required to be drug free, including marijuana.
5. All volunteers are required to receive the Influenza Vaccine during flu season. You will receive additional information at Orientation.

## Volunteer Services Adult Volunteer Application

An Equal Opportunity Employer. Lutheran 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: \_\_\_\_\_  
Last
First
Middle Initial

Nickname: \_\_\_\_\_

Home Address: (including zip code) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you ever applied or volunteered with us before?  No  Yes If yes, in what year? \_\_\_\_\_

Have you been known by another name?  No  Yes If yes, by what name? \_\_\_\_\_

### Education:

Check last year of school completed:  8  9  10  11  12 College # of years : \_\_\_\_\_

Undergraduate degree: \_\_\_\_\_ Graduate degree: \_\_\_\_\_

Special Training: \_\_\_\_\_

**Employment Information:**  Employed  Un-employed  Retired  Student

Employer's Name (or school): \_\_\_\_\_

If retired, what type of work? \_\_\_\_\_

Address (including dept.): \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Licenses/Certifications: \_\_\_\_\_

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### For Office Use Only :

Orientation Date \_\_\_\_\_ Interview Date \_\_\_\_\_

Service placed in \_\_\_\_\_ Day & time \_\_\_\_\_

Trainer \_\_\_\_\_ Day & time \_\_\_\_\_

Service placed in \_\_\_\_\_ Day & time \_\_\_\_\_

Trainer \_\_\_\_\_ Day & time \_\_\_\_\_

## Volunteer Information

Previous volunteer experience: \_\_\_\_\_

Why do you wish to volunteer at LMC: \_\_\_\_\_

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

**Interest/Skills** (Please check those you would be willing to share as volunteer) Feel free to write in anything that is not listed. We want to know about you!

Clerical skills:  typing  filing  accounting/bookkeeping  phones

Communication skills:  speaking/training  customer service

Computer skills:  data entry  word processing

Patient care:  patient transport service  visiting patients  patient care assistant  
 Hospice  Pet Therapy  Colorado Lutheran Home

Retail skills:  cash register  merchandising  marketing  stocking

Other skills, interests or special training: \_\_\_\_\_

### In Case of Emergency, please notify:

\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Physician:** \_\_\_\_\_ (name) \_\_\_\_\_ (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.

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 LMC 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 Lutheran 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 LMC. If you have volunteered before at other agencies, please give us a reference from at least one of those agencies. **Please return this form with your application.** Thank you!

1. Name \_\_\_\_\_

Position \_\_\_\_\_

Daytime phone number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

Position \_\_\_\_\_

Daytime phone number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_

Position \_\_\_\_\_

Daytime phone number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Background Check Release Authorization

I hereby give my permission to Lutheran Medical Center to request a check of my general background, including criminal history.

I understand that

- I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.
- All information obtained from this check will be kept confidential.
- These records shall not be used for the direct solicitation of business for pecuniary gain.

I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution or information service bureau to furnish the above mentioned information.

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Print Last Name

First Name

Middle Initial

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Birth Date

**If you have recently changed your name or have lived in Colorado for less than 6 years, please indicate your former name/address. PLEASE PRINT.**

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Print Last Name

First Name

Middle Initial

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Address

City

State

Zip

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_