

# PLATTE VALLEY MEDICAL CENTER

## VOLUNTEER APPLICATION/RECORD

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Change of Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you willing to consent to a background check if required? \_\_\_\_\_ Do you have a current CPR certificate? \_\_\_\_\_

Can you commit to a minimum six month, four hour per week obligation? Yes No \_\_\_ Why \_\_\_\_\_

What inspired you to volunteer at PVMC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer History: where, when and what you did: \_\_\_\_\_

\_\_\_\_\_

Do you have previous experience in healthcare? \_\_\_\_\_ Department(s) of interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Classes or Programs attended: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

Skills Checklist \_\_\_\_\_

\_\_\_\_\_

### OFFICE INFORMATION

Start Date \_\_\_\_\_ Dept. \_\_\_\_\_ Orientation Date \_\_\_\_\_ Day(s) \_\_\_\_\_

Hours \_\_\_\_\_ Review Date \_\_\_\_\_ Translation Course Completed \_\_\_\_\_

Code of Conduct/Behavior Standards Completed \_\_\_\_\_

Change of Address \_\_\_\_\_