



Wyoming Medical Center Volunteers

Dear applicant,

I am excited to hear that you are interested in becoming a member of the Junior Volunteer Program at Wyoming Medical Center. We are very proud of our dedicated team of volunteers, and we recognize 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 Junior Volunteer includes the following:

- The application needs to be filled out completely by the applicant. Both the applicant and a parent/guardian must sign all appropriate pages.
- Two reference forms need to be completed and signed by adults who know you well. Relatives may **NOT** be used as references. Good people to ask are teachers, your minister, an employer, someone you babysit for, a friend's mother, etc.
- A completed reference form completed by a school counselor. The form includes the most recent semester's grade point average, comments about tardiness and absences last semester, and comments on maturity and responsibility. A grade point average of 2.5 or better is preferred. Applicants below a 2.5 may still apply and will be given an opportunity to give an explanation during an interview.

Return the completed packet to:

NJ OLSEN

Wyoming Medical Center Volunteers

1233 E. Second St.

Casper, WY 82601

You will also need to complete an interview, background check, and drug screening before volunteering. Applications are due May 20, 2016 and interviews will be scheduled for May 25, 2016.

If you have any questions about this process, please don't hesitate to call me at 577-2794.

Sincerely,

Volunteer Services Manager

WYOMING MEDICAL CENTER
1233 E. SECOND ST.
CASPER, WYOMING 82601
Phone: 307- 577-2406
Fax: 307-577-4324
www.wyomingmedicalcenter.com

(Revised 3/24/16)



Wyoming Medical Center
Volunteers

**STUDENT APPLICATION FOR ENTRY TO
WYOMING MEDICAL CENTER**
Non-Employee # (HR Use)

Last Name	First	Middle	DOB / /
Address			Local Phone #
			E-Mail
City, State, Zip			SSN#

REQUEST TO ACCESS WMC

Reason for the request and scope of activities while at Wyoming Medical Center facilities: Volunteering/Juniors Program

Start Date: June 13, 2016

End Date:

Are you currently or have you ever been employed by WMC? Yes No

Date and reason of separation:

Have you ever plead guilty to or been convicted of a misdemeanor or felony (except minor traffic violation?)

Yes No (*A yes answer does not automatically disqualify you from Non-Employee Status at WMC. The nature of the offense, date and area you are applying for will be taken into consideration.) New Personnel must undergo a thorough background investigation upon applying at Wyoming Medical Center. The information furnished below will be used strictly for the purpose of identification, facilitating the background investigation and validating its findings. The personal history information contained herein will be retained in the WMC Human Resources Department. **Failure to disclose any misdemeanor or felony will result in complete termination of all privileges to conduct business at Wyoming Medical Center.**

I hereby request status as a Non-Employee of Wyoming Medical Center (WMC). All of the information submitted by me in this application is true to the best of my knowledge and belief. **I fully understand that any significant misrepresentation or omission constitutes cause for denial or revocation of my status as a non-employee.** I acknowledge and understand that as a non-employee, I am subject to WMC's policies and procedures as relevant to the scope of activities outlined above and approved within this document. I acknowledge that I can only perform activities that are listed within this document or are demonstrated in the competencies documentation that I have provided and that are retained with WMC. I will act professionally and within guidelines of WMC Service Excellence Standards. I also understand that WMC reserves the right to ask me to leave the facility at any time due to my behavior or organizational need.

Non-Employee Signature	Date
Human Resources Approval	Date
Department Permission Sought & Notification Sent	
Physician Approval (if applicable)	Date

Parent/Guardian Signature	Date
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Wyoming Medical Center provides equal opportunity without regard to race, creed, color, national origin, sex or physical handicap with the Civil Rights Act of 1964, P.L. 90-202 and Section 504 of the Rehabilitation Act of 1973.



Wyoming Medical Center Volunteers

Listed below are the volunteer service areas with a brief description. Please check all areas that may be of interest to you.

- ☐ Clinical Volunteer – Assist staff with stocking items, refilling waters and removing food trays. Student will be matched with a Certified Nursing Assistant or a Registered Nurse for their shift.
- ☐ Emergency Department – Assist Emergency Department staff in improving patient satisfaction.
- ☐ Greeter & Information Desk – Provide information to patients and guests in the West Tower Lobby.
- ☐ Library Cart – Provide reading materials for patients and waiting rooms throughout the hospital.
- ☐ OB Unit – Assist staff with stocking items, refilling waters and removing food trays.
- ☐ Patient Escort Service – Escort patients to specific clinical areas and visitors to requested areas in the hospital.
- ☐ Therapy Department – Assist staff in providing activities for patients.
- ☐ Waiting Area Host(ess) – Assist families, visitors, physicians and staff on the Third Floor Surgical Area.

Please indicate which days and times that best meets your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you available for at least 2 shifts monthly during the school year?

Yes No

Will you be able to volunteer a minimum of 4 shifts monthly during the summer?

Yes No

How did you learn about our Volunteer Program?

What skills or training do you have that may be utilized in your volunteer assignment(s)?

Do you have any limitations related to health?

Please tell us why you want to be a Student Volunteer at Wyoming Medical Center.



Wyoming Medical Center Volunteers

In case of emergency please contact:

Name		Relationship	
Address		Telephone	

Name		Relationship	
Address		Telephone	

After you have completed the application packet:

- An interview will be scheduled with Wyoming Medical Center Staff and Volunteers.
- Wyoming Medical Center will complete a background check.
- You will be asked to complete a drug screening.
- Orientation will be held on June 10th, from 3:00 pm – 5:30 pm where uniform tops will be given out.
- Training in a volunteer service area or service areas will be scheduled for the week following orientation.
- Photo identification badges will be issued *before* your first volunteer shift.

I will hold confidential all information I may hear directly or indirectly concerning patients, physicians or any member of the hospital staff and I will not seek any information in regard to a patient, physician or member of staff.

Signature _____ **Date** _____

Parent Signature _____

Date _____



School Counselor Reference for Student Volunteer

The person listed below has applied for a volunteer position at Wyoming Medical Center. Due to the nature of our services, it is necessary that prospective volunteers submit a reference from his or her school counselor. We would appreciate the completion of this reference in a timely manner so we can continue the application process.

Applicant's name: _____

Your name: _____ School affiliation: _____

School address: _____

Your work telephone: _____

What is the applicants most recent GPA? _____

Is this applicant dependable? Yes No If no, please explain _____

What comments do you have on the applicant's tardiness and absences last semester? _____

Please rank the applicant's reliability (1 being low and 10 high):

1 2 3 4 5 6 7 8 9 10

Please rate the applicant's self-motivation (1 being low and 10 high):

1 2 3 4 5 6 7 8 9 10

Please rank the applicant's responsibility (1 being low and 10 high):

1 2 3 4 5 6 7 8 9 10

Any additional comments or information you would like to share: _____

Your signature: _____

Date: _____

Thank you for taking the time to complete this reference form. This information is confidential and will not be shared with the applicant.

****Reference form must returned by May 20, 2016, in a sealed envelope to:**

Wyoming Medical Center
Attn: Volunteer Services
1233 E. Second St.
Casper, WY 82601



Reference Check for Prospective Student Volunteer

The person listed below has applied for a volunteer position at Wyoming Medical Center. Due to the nature of our services (offering assistance to patients, families, etc.), it is necessary that prospective volunteers submit a letter of reference.

We would appreciate the completion of this reference in a timely manner so we can continue the application process.

Applicant's name: _____

Your name: _____ Your relationship to applicant: _____
(Must **not** be a family member.)

Your address: _____

Your telephone: _____ (home) _____ (cell)

How long have you known this applicant? _____

Is this applicant dependable? Yes No If no, please explain _____

Does this applicant interact well with people? Yes No If no, please explain _____

From your experience in working with this applicant, how would you rate their quality of work? _____

What are the applicant's strengths? _____

Any additional comments or information you would like to share: _____

Your signature: _____ Date: _____

Thank you for taking the time to complete this reference form. This information is confidential and will not be shared with the applicant.

****Reference form must returned by May 20 2016, in a sealed envelope to:**

Wyoming Medical Center
Attn: NJ Olsen - Volunteer Services
1233 E 2nd Street
Casper, WY 82601



Reference Check for Prospective Student Volunteer

The person listed below has applied for a volunteer position at Wyoming Medical Center. Due to the nature of our services (offering assistance to patients, families, etc.), it is necessary that prospective volunteers submit a letter of reference.

We would appreciate the completion of this reference in a timely manner so we can continue the application process.

Applicant's name: _____

Your name: _____ Your relationship to applicant: _____
(Must **not** be a family member.)

Your address: _____

Your telephone: _____ (home) _____ (cell)

How long have you known this applicant? _____

Is this applicant dependable? Yes No If no, please explain _____

Does this applicant interact well with people? Yes No If no, please explain _____

From your experience in working with this applicant, how would you rate their quality of work? _____

What are the applicant's strengths? _____

Any additional comments or information you would like to share: _____

Your signature: _____ Date: _____

Thank you for taking the time to complete this reference form. This information is confidential and will not be shared with the applicant.

****Reference form must returned by May 20, 2016, in a sealed envelope to:**

Wyoming Medical Center
Attn: NJ Olsen - Volunteer Services
1233 E 2nd Street
Casper, WY 82601



Background Investigation Data Sheet

Non hospital personnel must undergo a thorough background investigation before access to WMC will be granted. The information furnished below will be used strictly for the purpose of identification, facilitating the background investigation and validating its findings. The personal history information contained herein will be retained in the WMC Human Resources Department.

Please provide your full legal name and any additional names you use or have used (such as aliases, AKA's, maiden names, etc.). Please print a complete first, middle (if applicable) and last name in the spaces provided below.

First Name

Middle Name

Last Name

Full Legal Name: _____

Alias Name #1 _____

Alias Name #2 _____

Please provide your date of birth and social security number. This information is used for identification purposes only.

Date of Birth: _____

Social Security #:

List any addresses used in the past 7 years, including current address

Address	City	State	Zip	From (mm/yyyy)	To (mm/yyyy)
1.					
2.					
3.					

Have you ever pled guilty to or been convicted of a misdemeanor or felony (except a minor traffic violation)?

____YES ____NO (If yes, please provide details)

***NOTE: Failure to disclose truthful information may be cause for denial of access to Wyoming Medical Center for training purposes. A yes answer does not automatically disqualify you from an opportunity to participate in educational experiences as the nature of the offense, date of occurrence and reason for which you are accessing WMC campus will be considered.

I understand and acknowledge that access to WMC campus is governed by Wyoming Medical Center policies, both current and as may in the future be amended at the sole discretion of Wyoming Medical Center.

I hereby certify that the information provided by me on this form is complete, true and accurate. I understand and acknowledge that any misrepresentation of fact, either explicit or by omission of requested information, is sufficient ground for denial of access to the Wyoming Medical Center campus for educational purposes. I hereby consent for Wyoming Medical Center to perform a criminal background check.

Signature: _____

Date: _____