



Dear Applicant,

Thank you for your interest in joining the volunteer program at Wyoming Medical Center. We are very proud of our dedicated team of adult volunteers, including men, women and student volunteers. Wyoming Medical Center 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 (3 pages) needs to be filled out completely.
- The reference form needs to be completed and signed by someone who knows you well.
- The background check form must be filled out completely and signed.
- Return the completed packet to:
Wyoming Medical Center
Attn: Volunteer Office
1233 East 2nd Street
Casper, WY 82601

Additional items to be completed before volunteering are a drug screening and volunteer orientation.

I look forward to meeting you, and am happy to assist in your new volunteer experience. If you have any questions prior to orientation, please do not hesitate to call me at 577-2794.

Sincerely,

A handwritten signature in black ink that reads "NJ Olsen". The signature is written in a cursive, flowing style.

NJ Olsen
Volunteer Coordinator

WYOMING MEDICAL CENTER
1233 EAST 2ND STREET
CASPER, WYOMING 82601
Phone: 307- 577-2406
Fax: 307-577-4324
www.wyomingmedicalcenter.com



Wyoming Medical Center
Volunteers

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

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

REQUEST TO ACCESS WMC

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

Start Date: _____ 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



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

- Advanced Directives – Visit with patients and families about healthcare decisions and advanced planning
- Chaplain Assistant – assist chaplain with clerical duties
- Courtesy Cart – visit the waiting areas with a cart of information and activities for visitors
- Cottage Gift Shop – assist customers with purchases and assist with inventory restocking
- Greeter & Information Desk Host(ess) – to provide information to patients and guests in the Sky Lobby
- Library Cart – provide reading materials for patients & waiting rooms throughout the hospital
- Mother, Baby & Family Center – to provide information to patients and guests
- Patient Escort Service – escort patients to specific clinical areas and visitors to requested areas in the hospital
- Say It With Flowers – flower delivery to staff and patients
- Waiting Area Host(ess) – assist families, visitors, physicians and staff on the 3rd Floor Surgical Area

Please indicate which day and time best meets your availability (you may choose more than one):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you learn about our Volunteer Program?
Why do you want to become a Wyoming Medical Center Volunteer?
What skills or training do you have that may be utilized in your volunteer assignment(s)?
Do you have any limitations related to health?

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.



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
- 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 _____



Reference Check for Prospective 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 letter must be sealed in an envelope and returned to:

Wyoming Medical Center
Attn: Volunteers
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 #: _____

Please 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: _____