



Wyoming Medical Center Volunteers

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 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 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.
- Please note all WMC Volunteers are required to have a Flu Shot.
- Return the completed packet to:
Wyoming Medical Center
Attn: Lisa Johnson
Volunteer Services
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 please do not hesitate to call me at 577-2794.

Sincerely,

Lisa Johnson
Volunteer Coordinator
Wyoming Medical Center

WYOMING MEDICAL CENTER
1233 EAST 2ND STREET
CASPER, WYOMING 82601
Phone: 307- 577- 2456
Fax: 307- 577- 4324
www.wyomingmedicalcenter.org



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
Social Security Number			

REQUEST TO ACCESS WMC

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

Start Date:	End Date:
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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
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Human Resources Approval	Date
Department Permission Sought & Notification Sent	
Physician Approval (if applicable)	Date



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

- Cottage Gift Shop– Assist customers with purchases, inventory, and restocking
- Courtesy Cart– Provide reading materials, coloring books, and puzzles to patients & restock waiting rooms throughout the hospital
- Dog Therapy Program - Volunteer with a registered therapy dog to provide comfort to patients, families, visitors and staff
- Greeter & Information Desk– Provide information to patients and guests in the Sky Lobby
- Junior Volunteer Program- A variety of volunteer opportunities are available throughout the hospital. Program open to ages 16 to 21. (Please fill out Junior Volunteer Application Packet)
- Masterson Place-Greet guests, answer phone calls, assist with inventory, office assistance as needed
- Mother, Baby & Family Center– Provide information to patients and guests, assist staff as needed
- Patient Escort Services– Escort patients and visitors to specific clinical and requested areas in the hospital
- Say It With Flowers – Deliver flowers, balloons, and gifts to staff and patients
- Surgical Staging Area – Check in patients, escort, and provide general assistance to families, guests, and physicians
- Volunteer Chaplain - Provide spiritual and emotional care to patients, families, and hospital staff. Involves being part of the Trauma Team, and responding to Trauma Red pages after hours/weekends.
- Other: _____

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?



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



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Volunteers