



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 the 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:

Lisa Johnson
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.

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

Sincerely,

Lisa Johnson
Volunteer Coordinator

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

(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 #
City, State, Zip			E-Mail
			SSN#

REQUEST TO ACCESS WMC

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

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

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.
- Other Interest /Please Specify _____

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 2-3 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.

Please select if you would like to volunteer on a year-round basis, or only during the summer months:

Year round

Summer (June 1st-August 31st)

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 and uniform tops will be provided.
- 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 _____



Wyoming Medical Center Volunteers

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.

****Submit reference form to:**

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



Wyoming Medical Center Volunteers

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.

****Submit reference form to:**

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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.

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