



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. 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 Junior Volunteer includes the following:

- The application (3 pages) needs to be filled out completely by the applicant. Both the applicant and a parent/guardian must sign and date both pages 1 and 3.
- 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 reference from a school counselor. The form includes the most recent semester's grade point average, comments about tardies and absences last semester, and comments on maturity and responsibility.
  - A grade point average of 2.5 or better is preferred. If there is a problem with grades, you will be given an opportunity to give an explanation during an interview.

Return the completed packet to:

Wyoming Medical Center  
Attn: Volunteer Services  
1233 East 2<sup>nd</sup> Street  
Casper, WY 82601

Additional items to be completed before volunteering are an interview, background check, and drug screening.

If you have any questions through this process, please don't hesitate to call me at 577-4355.

Sincerely,

Jillian Riddle  
Volunteer Coordinator

Wyoming Medical Center Volunteers  
1233 East 2<sup>nd</sup> Street • Casper, WY 82601 • 307.577-4355

\*\* Wyoming Medical Center does not participate in court appointed community service. \*\*

**WYOMING MEDICAL CENTER**  
**1233 EAST 2<sup>ND</sup> STREET**  
**CASPER, WYOMING 82601**  
**Phone: 307- 577-2406**  
**Fax: 307-577-4324**  
[www.wyomingmedicalcenter.com](http://www.wyomingmedicalcenter.com)



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

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>DOB</b> ____ / ____ / ____
<b>Address</b>			<b>Local Phone #</b>
<b>City, State, Zip</b>			<b>E-Mail</b>

**REQUEST TO ACCESS WMC**

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

<b>Start Date:</b>	<b>End Date:</b>
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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.

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

<b>Parent/Guardian Signature</b>	<b>Date</b>
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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.

Ancillary Services Aide – assist with duties for the lab, pharmacy, and cardiopulmonary services to include serving as a courier for lab specimens.

Chart Back Gatherer – visit hospital floors as directed to pick up chart backs and return them to the Surgical Staging Area.

Clerical Aide – assist various departments with special projects as requested.

Diabetes Education Aide– assist staff with clerical duties (patient information packets)

Greeter & Information Desk – host to provide information to patients and guests in the South Link Lobby

Library Cart – provide reading materials for patients & waiting rooms throughout the hospital

Marketing and Foundation Aide – assist with general office duties and special events.

Medical Unit – assist staff with clerical duties, visit patients who need 1:1 company

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

Radiology Host(ess) and Escort – provide information to guests and escort patients to the appropriate room

Therapy Department – assist staff in providing activities for patients

Waiting Area Host(ess) – assist families, visitors, physicians and staff on the 3<sup>rd</sup> Floor

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 Junior Volunteer at Wyoming Medical Center.



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

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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 \_\_\_\_\_



## Reference Check for Prospective Junior 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.

Applicants 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 returned in a sealed envelope to:

Wyoming Medical Center  
Attn: Volunteer Services  
1233 E 2<sup>nd</sup> Street  
Casper, WY 82601



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Applicants 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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## School Counselor Reference for Junior 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 their school counselor. We would appreciate the completion of this reference in a timely manner so we can continue the application process.

Applicants 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 tardies 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.

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