

# Volunteer

## APPLICATION



Volunteers In Partnership

### Thank you for your interest in the Methodist Volunteer Program.

The Methodist Volunteer program offers high school students a special opportunity to gain experience in the health care setting. All incoming and current Omaha metro-area high school students are eligible and **must commit to a minimum of 1 year of service.**

There are two scheduling options offered:

- Weekday: At least one 2-hour shift per week, to be completed after school hours
- Weekend: One 4-hour shift at least two times per month

Please keep in mind our program receives many more applications than positions available. Unmatched applications will be kept on file for 90 days in case openings should arise.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Legal Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Did someone refer you to the Methodist Volunteer Program?    No    Yes    If yes, who referred you? \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

### LOCATION PREFERENCE

Methodist Hospital (MH)

Methodist Women's Hospital (WH)

Either Hospital

*Be sure to complete the  
back side of this form.*

## Availability

SUN MON TUE WED THU FRI SAT

## EXTRACURRICULAR ACTIVITIES

In what other extracurricular activities (i.e. sports, show choir, debate, band, volunteer, etc.) do you participate?

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## PLEASE READ CAREFULLY BEFORE SIGNING

I understand that as a volunteer, I am expected to respect patient rights. One of the ways in which I will accomplish this is by not discussing, with anyone, the confidential information I may obtain through my assignment(s) at Methodist Hospital and/or Methodist Women's Hospital.

I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for volunteer service or immediate discharge from volunteer service when discovered.

I understand that this application is not a contract of volunteer service. I understand that if I receive an offer to volunteer, it will be a conditional offer, expressly subject to safely meeting the mental and physical requirements of the volunteering opportunity, including a post-offer medical exam.

I understand if I am offered a volunteering opportunity, it will be contingent on successfully passing a post-offer drug test.

I understand that, if injured while volunteering, I am/my insurance is responsible for any medical expenses related to this injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

I give consent for \_\_\_\_\_ to participate in the Methodist Volunteer Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE RETURN APPLICATION TO YOUR PREFERRED VOLUNTEER LOCATION:

Methodist Hospital Volunteer Services, 8303 Dodge Street, Omaha, NE 68114 | (402) 354-4533

Methodist Women's Hospital Volunteer Services, 707 N. 190th Plaza, Omaha, NE 68022 | (402) 815-1130

You may also email your application to [vip@nmhs.org](mailto:vip@nmhs.org).

