



Please contact Sara Lyles, Membership Chairman at 660-827-0343 or Leisha Nakagawa, Foundation & Volunteer Specialist at 660-829-8855 with any questions.

Volunteer Application

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Referred by _____

Are you a year around resident? ___ Yes ___ No

If not, what months are you available? _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship to you _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship to you _____

Home Phone _____ Cell Phone _____

EDUCATION & WORK EXPERIENCE

Education: Please check all that apply:

___ High School ___ College ___ Post Graduate

Degree's _____

Work Status: ___ Employed ___ Retired ___ Unemployed

If employed current place of employment: _____

Previous employment and position: _____

Skills/Work Experience:

___ Accounting ___ Leadership ___ Computer ___ Nursing
___ Teaching ___ Public Speaking ___ Other (please specify) _____

VOLUNTEER AVAILABILITY

Please check all areas that you are interested in working in the hospital:

- ☐ Courtesy Cart
- ☐ Cancer Care
- ☐ Clerical Work
- ☐ Joint Replacement
- ☐ Special Sales (bake sales, fundraising)
- ☐ Gift Shop, shift hours are Monday – Friday 9:00 am – 12:00 pm, 12:00 pm – 3:00 pm, and 3:00 pm – 6:00 pm. Saturday 10:00 am – 2:00 pm and Sunday 1:00 pm – 5:00 pm

Please indicate when you wish to volunteer.

- ☐ Monday _____ to _____
- ☐ Tuesday _____ to _____
- ☐ Wednesday _____ to _____
- ☐ Thursday _____ to _____
- ☐ Friday _____ to _____
- ☐ Saturday _____ to _____
- ☐ Sunday _____ to _____

- ☐ Front Desk, shift hours are Monday – Friday 7:00 am – 3:00 pm, 8:00 am – 4:00 pm, and 9:00 am – 4:00 pm.

Please indicate when you wish to volunteer.

- ☐ Monday _____ to _____
- ☐ Tuesday _____ to _____
- ☐ Wednesday _____ to _____
- ☐ Thursday _____ to _____
- ☐ Friday _____ to _____

I confirm that the information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a volunteer for Bothwell Regional Health Center, I:

- Agree to complete the volunteer orientation and train until I am competent to perform the required duties.
- Agree to complete an annual re-orientation as well as additional service specific training that may be deemed necessary.
- Agree to an initial TB screening.
- Agree to yearly Flu vaccinations and the vaccination requirement per the policy of Bothwell Regional Health Center.
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside my service guidelines.
- Agree to call the scheduling line or find a replacement for my position as soon as possible when I have scheduling conflicts or changes.
- Agree to accept assignments to a new service area if absent for an extended period.
- Abide by the Bothwell Regional Health Center mission, vision, and values:
 - Mission – Working together to provide exceptional health and wellness services.
 - Vision – The best choice for exceptional care.
 - Values –
 - Safety – I practice safe behaviors to ensure the well-being of all.
 - Courtesy – I will be welcoming and available to visitors, patients, and peers.
 - Professionalism – I always commit to my role at Bothwell with honor and integrity.
 - Efficiency – I ensure our patients' needs are fulfilled promptly, accurately, and cost-effectively.

Confidentiality: This hospital believes that all medical, financial, and personal information of a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable what information is confidential, it is your responsibility to discuss the matter with your immediate supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of Bothwell Regional Health Center and the Department of Volunteer/Auxiliary Services.

Signature

Date