



1801 Hickman Road
Des Moines, IA 50314-1597
515-282-2200

VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Emergency Information

Emergency Contact: _____
Emergency Contact Phone: _____

Intake

- Application: _____
- Interview: _____
- Reference Check: _____
- Background Check: _____

Type

- | | | |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> AARP | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> PCSS | <input type="checkbox"/> PATH | <input type="checkbox"/> Other Stipendiary |
| <input type="checkbox"/> Guild | | <input type="checkbox"/> Guild Special Events |
| <input type="checkbox"/> WIC | <input type="checkbox"/> General | <input type="checkbox"/> Group |
| <input type="checkbox"/> Student: | | |
| <input type="checkbox"/> DMACC | <input type="checkbox"/> Drake | <input type="checkbox"/> Other School/College
_____ |

Health Screen, Orientation, Status

- | | |
|--|---|
| <input type="checkbox"/> TB Screen Given: _____ | <input type="checkbox"/> TB Screen Read: _____ |
| <input type="checkbox"/> Health Screen: _____ | |
| <input type="checkbox"/> MMR Titer or proof of immunization: _____ | |
| <input type="checkbox"/> BMC Orientation: _____ | <input type="checkbox"/> Dept. & Assign. Orient.: _____ |
| <input type="checkbox"/> Handbook: _____ | <input type="checkbox"/> Signature Page: _____ |
| <input type="checkbox"/> Confident. Statement: _____ | <input type="checkbox"/> Position Description: _____ |
| <input type="checkbox"/> Need to Know: _____ | <input type="checkbox"/> Restraints & Seclusion: _____ |
| <input type="checkbox"/> Photo ID Issued: _____ | <input type="checkbox"/> Returned: _____ |
| Active Date: _____ | Inactive Date: _____ |
| Inactive Reason: _____ | |
| <input type="checkbox"/> Jacket Issued: Number: ____ Size: ____ <input type="checkbox"/> Jacket Returned | |

First Placement

Department or Area: _____
Supervisor: _____

Name: _____
(Last) _____
(First) _____
(Middle Initial) _____
Volunteer Position: _____

Telephone: Home _____
Work _____

Personal Information:

Application Date:		Social Security Number:	
Preferred title: Mr./Ms./Mrs./Dr./Rev./Other		(please circle 1 for mailings)	
First Name:	Middle Initial:	Last Name:	
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
E-mail Address:		Birth Date: / / Month/day/year	
Home Address:			
City:	State:	Zip:	

Emergency Information:

In case of emergency, please contact:		Relationship:
Home Phone: ()	Work Phone: ()	Cell Phone: ()
Do you have any medical limitations or conditions the hospital should be aware of in the event that you ever have a medical emergency while volunteering? If yes, please describe them: _____		

Employment Information:

If you are presently employed, what is the name of your employer?	
Please describe your current and past work experience: _____	
If currently a student, please list school:	Anticipated graduation date:

Time availability and preference:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Volunteer Information:

How many hours would you like to volunteer? _____ per week/month <input type="checkbox"/> year 'round <input type="checkbox"/> other
How long do you intend to volunteer?
Are you a Broadlawns Guild Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a BMC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you volunteered at Broadlawns before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Are you related to a Broadlawns employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative:
Please list any previous volunteer experience: _____
What are your hobbies and special interests? _____
How did you hear about our volunteer program?
Why are you interested in doing volunteer work? _____

Background Information:

Do you have a record of child or dependent adult abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime in Iowa or in another state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE _____ DATE _____

What type of volunteer work would you be interested in? (Please check any that interest you.)

Hospital Interest Areas

- | | | |
|---|--|---|
| <input type="checkbox"/> Gift Cart (Guild Position) | <input type="checkbox"/> Patient/Visitor Greeter | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Gift Shop (Guild Position) | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Hospital Greeter/Escort | <input type="checkbox"/> Surgery Lounge | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Clinics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spiritual Care Visitor | <input type="checkbox"/> Cafeteria | |
| <input type="checkbox"/> On call Vol. Chaplain | | |

Clerical and Other Skills

- | | | |
|---|---|--|
| <input type="checkbox"/> Typing/Keyboarding | <input type="checkbox"/> Alphabetizing | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Filing | <input type="checkbox"/> MS Word |
| <input type="checkbox"/> Using Photo Copier | <input type="checkbox"/> Proofreading | <input type="checkbox"/> MS Excel |
| <input type="checkbox"/> Phone Receptionist | <input type="checkbox"/> Sorting, Collating | <input type="checkbox"/> MS PowerPoint |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Other _____ | <input type="checkbox"/> MS Access |

Miscellaneous Other Skills

- | | |
|--|--|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Vocal or Instrumental Music |
| <input type="checkbox"/> Knitting/Crocheting | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Other Languages _____ |
| | <input type="checkbox"/> Other _____ |

Physical Abilities

- | |
|-----------------------------------|
| <input type="checkbox"/> Loading |
| <input type="checkbox"/> Walking |
| <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting |

REFERENCES

Please list 5 references (preferably work-related) that **are not relatives** and **do not live with you**. ***We must be able to contact at least 3 references.**

Name	Address	Phone Number	Relationship <i>(No Relatives, Please)</i>	Length of Time You Have Known This Person

This information is required for all volunteers who work with the patients/clients of Broadlawns Medical Center to ensure the safety and quality of services provided to our patients.

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer of Broadlawns Medical Center, I must hold in strictest confidence any observations I may make or hear regarding patients, patient families, clients, staff or volunteers.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination by Broadlawns Medical Center and/or possible legal action by others (i.e., patients, patient families, clients, staff, etc.).

VOLUNTEER'S SIGNATURE _____ DATE _____

I agree to the required **tuberculosis (TB) skin test** with the understanding this is necessary before I begin actual volunteer service at Broadlawns Medical Center. Retesting every four years is required.

VOLUNTEER'S SIGNATURE _____ DATE _____

I agree to the required **health screening** with the understanding this is necessary before I begin actual volunteer service at Broadlawns Medical Center. Retesting every four years is required.

VOLUNTEER'S SIGNATURE _____ DATE _____

I agree to the required **MMR titer or proof of immunization** with the understanding this is necessary before I begin actual volunteer service at Broadlawns Medical Center.

VOLUNTEER'S SIGNATURE _____ DATE _____

As a volunteer, I understand that my photo identification badge and any smock or vest that are provided are property of Broadlawns Medical Center, and I will return them if I no longer wish to continue as a volunteer.

VOLUNTEER'S SIGNATURE _____ DATE _____

You will need to complete *all* information then return to:

Broadlawns Medical Center
Volunteer Services
1801 Hickman Road
Des Moines, IA 50314-1597

If you have questions, please contact us at (515) 282-2404.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

Once you click Submit Email, you will need to choose your email application type. (Outlook, Yahoo, Gmail, etc.)