AdventHealth
Shawnee Mission

VOLUNTEER APPLICATION

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

(Please check) ☐ Adult Volunteer *(ages 19+)* ☐ Junior Volunteer *(ages 14-18)* ☐ Male ☐ Female

(Please check) ☐ Shawnee Mission Campus ☐ Prairie Star Campus ☐ South Overland Park Campus

PLEASE NOTE: ALL VOLUNTEER POSITIONS ARE YEAR-ROUND WHICH IS A COMMITMENT OF ONE SHIFT PER WEEK, AND A MINIMUM OF 100 HOURS OF SERVICE TO THE PROGRAM.

(Please print) Today's date _____

_____

Last Name *First Name* *Middle Name*

Home Address _____

Number and Street *City* *State/Zip* *Area Code/Home Phone*

E-mail Address _____ Cell phone _____

Of which ethnic group do you consider yourself a member: _____

Have you used another name (including maiden name) for work, school or business purposes? Yes _____ No _____

If so, please identify name(s), date(s) used and circumstances _____

Current Employer _____ Phone *(can/cannot be called at work)* _____

Physician's name _____ Phone _____

Any limiting conditions for performance as a volunteer? _____

Have you ever pled guilty, pled no contest or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes_____ No_____

Have you ever been convicted, plead guilty or no contest or been subject to disciplinary Non-Judicial Punishment under the Uniform Code of Military Justice? Yes_____ No_____

Have you ever served any form of alternative disposition for any criminal offense? Yes_____ No_____

If you answered "yes" to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) (city/county and state) and disposition:

_____

_____

_____

Conviction of a crime is not an automatic bar to service as a volunteer. Factors such as the date of the offense, the time period between the offense and the present, the nature and seriousness of the offense and rehabilitation will be considered by the Medical Center.

Emergency Contacts (please list two):

Name_____Relation_____Cell#_____Home#_____

Name_____Relation_____Cell#_____Home#_____

Please list any foreign languages you speak: _____

Please list any community organizations to which you belong: _____

Please list skills in which you have training, experience or special interests: _____

_____

Are you now or have you been a volunteer before? _____ If so, where? _____

Have you ever been employed by an AdventHealth facility? _____ If so, where? _____When? _____

How did you become interested in joining our volunteer team? _____

Available to volunteer *(check all that apply)*: Weekdays _____ Evenings _____ Weekends _____

What day(s) or shift(s) do you prefer? _____

Please list areas in which you would prefer to volunteer (if any): _____

_____

PERSONAL REFERENCES *(Please list two <u>non</u>-relatives. A spouse may not serve as a reference.):*

Name	Address (street/city/state/zip)	Telephone	Relationship

Applicant Statement of Understanding:

- I voluntarily offer my service with a clear understanding that there is no monetary compensation.
- I certify that all of the information provided on this application is true, correct and complete.
- I understand that false, misleading or incomplete information on this form may result in my disqualification for volunteer service, regardless of the date of discovery.
- I am aware that AdventHealth Shawnee Mission may complete a criminal background check.
- I give permission for AdventHealth Shawnee Mission to contact my references.
- For Initial Review, I must provide the Volunteer Office for the Employee Health Nurse, proof of immunity to MMR (measles, mumps, rubella), Varicella and TB (2-step or blood draw). If any of these are not available, Employee Health will send a lab requisition to go to the AHSM Outpatient Lab for a blood draw to determine if I am immune.
- In addition, I am to provide date of my last tetanus shot (Tdap), copy of my COVID-19 Vaccination Card, and documentation of receiving annual flu vaccination.
- For Annual Reviews, I will be responsible for completing an annual Tuberculosis Symptom Screening Questionnaire from the Volunteer Office, and documentation of receiving annual flu vaccination by November 1 each year.
- I understand that AdventHealth facilities are tobacco free, and I agree to comply with this policy.
- I understand that punctual and dependable attendance is a requirement of my service.
- I agree to volunteer one shift per week and commit to giving a minimum of 100 hours of service to the program.
- I grant AdventHealth the right to use, reuse, publish and re-publish photographic pictures and/or video footage of myself.

Signature of Applicant_____

Signature of Parent/Guardian (if under the age of 18)_____