



# VOLUNTEERS APPLICATION

Bergan Mercy  
7500 Mercy Rd  
Omaha, NE 68124  
(402) 398-6199

Creighton University  
Medical Center  
601 N 30th Street  
Omaha, NE 68131  
(402) 449-4000

Immanuel  
6901 N 72nd Street  
Omaha, NE 68122  
(402) 572-2722

Lakeside  
16901 Lakeside Hills Court  
Omaha, NE 68130  
(402) 717-8657

Mercy Council Bluffs  
800 Mercy Drive  
Council Bluffs, IA 51503  
(712) 328-5141

Midlands  
11111 S 84th Street  
Papillion, NE 68046  
(402) 593-3747

Application Date	<input type="checkbox"/> Adult (18 +) <input type="checkbox"/> Teen (14-18)
------------------	---

\*Please advise us if any accommodation is needed to participate in the application process.

### PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Social Security Number		Home Phone	Cell Phone	Work Phone
Address			Apartment Number	
City	State	ZIP	E-mail	

### EDUCATION AND WORK EXPERIENCE

Current Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	If you are retired, what was your occupation
Business Address	
May we contact you at work?	Are you a student? <input type="checkbox"/> Junior High (8th Grade) <input type="checkbox"/> High School <input type="checkbox"/> College Full or Part Time

### SKILLS AND TALENT – PLEASE CHECK YOUR AREA OF EXPERTISE

<input type="checkbox"/> Retail/Cashier	<b>Please check the boxes for the days and times you are most often available to volunteer.</b>							
<input type="checkbox"/> Good Customer Service Skills								
<input type="checkbox"/> Accomplished Musician		SUN	MON	TUE	WED	TH	FRI	SAT
<input type="checkbox"/> Computer Competency	Morning							
<input type="checkbox"/> Phone Work								
<input type="checkbox"/> Interacting with Patients	Afternoon							
<input type="checkbox"/> Good with Children								
<input type="checkbox"/> Organizational/Detail Work/Multi-tasker								
<input type="checkbox"/> Fundraising	Evening							
<input type="checkbox"/> Pastoral Care/Extraordinary Minister of the Eucharist (EME)								
<input type="checkbox"/> Certified Pet Therapist								

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Last Name		First Name	
Address		Relationship	
City		State	ZIP
Home Phone	Cell Phone	Work Phone	E-mail

**VOLUNTEER HISTORY**

Have you volunteered your time at another organization?  Yes  No If so, where?

Name	Phone
------	-------

What were your responsibilities?

Have you volunteered at another CHI Health hospital? If so, where?

**PLEASE LIST A PERSONAL REFERENCE**

Name	Phone		
------	-------	--	--

Address	City	State	ZIP
---------	------	-------	-----

Relationship

Name	Phone		
------	-------	--	--

Address	City	State	ZIP
---------	------	-------	-----

Relationship

Is there an agency, school, or anyone that will need documentation of your volunteer hours?  Yes  No

If "Yes," Name	Address
----------------	---------

Why is this documentation needed?

Do you have a record of child abuse or dependent adult abuse?  Yes  No

If "Yes," please give a date, location, and disposition of your case

**HAVE YOU BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE IN THIS STATE OR ANY OTHER STATE?**  Yes  No  
 (Conviction will not necessarily disqualify applicants. The recency, severity, and pertinence of the conviction to the placement will all be considered.)

If I am being requested to provide documentation of these volunteer hours, I have indicated it on this application. If accepted as a volunteer, I agree to serve according to CHI Health's Volunteer Guide. I will respect the patient's rights by not discussing confidential information that I might obtain through my volunteer assignments at CHI Health.

**Thank you for your interest in volunteering at CHI Health hospitals.**

Signature	Date
-----------	------

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Forms Required For Teens	Received	Background/Health Checks	Sent	Received
Parent Consent form		Adult/Child Abuse		
Teen Reference Letter		Excluded Provider and Discipline		
Teen Reference Letter		Criminal Background		
		Occupational Health		

Request CHI Health Sign-on	Badge Number	Orientation Date	Initial Assignment
----------------------------	--------------	------------------	--------------------