



Volunteers and Customer Care 402-481-3032

Thank you for your interest in volunteering at Bryan Health - we look forward to hearing from you soon.

Volunteer Application

Volunteer # _____

All About You

Printed Legal Last Name		Printed Legal First Name	Printed Middle Initial
Preferred Name		Any Other Names Used in the Past	
Cell Phone	Home Phone	Best Way to Contact You (ex. phone, email)	
Current Mailing Address		E-mail Address	
City	State	Zip	
Birthdate (month/day/year)		Social Security Number	
Emergency Contact Person		Relationship	Phone Number

Tell Us More

Current or Previous Employer(s)		
Current Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	School	Expected Date of Graduation
Current or Previous Volunteer Experience		
Hobbies, Skills, Special Interests		

Skills/Preferences for Volunteer Service

<input type="checkbox"/> Helping Visitor/Families	<input type="checkbox"/> Errands/Delivery
<input type="checkbox"/> Helping Patients	<input type="checkbox"/> Answering Phones
<input type="checkbox"/> Mailings/Special Projects	<input type="checkbox"/> Music
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other
<input type="checkbox"/> Sewing/Crafts	

Other Information

Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
Do you need verification of your Bryan volunteer hours for a requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		

Your Ride

License Plate Number:
Year/Make/Model:
Color:

Volunteer Statement:

- I wish to donate my services to Bryan and understand there is no payment for services rendered as a volunteer at Bryan.
- I understand that confidentiality must be maintained concerning patient information.
- I agree to abide by the rules, regulations, and policies of Bryan Health, Volunteers and Customer Care (VCC) the department in which I serve.
- I understand that if I do not abide by the rules, and policies of Bryan Health, VCC, and the department in which I serve, that corrective action may be taken, I may be terminated from the volunteer program, and it may result in legal action.
- I understand that Bryan Health may take photographs of me for publications or other uses.
- I understand that Bryan will be requesting information from various federal, state, local, and other agencies concerning my past activities.
- I authorize the VCC department staff to investigate all statements made in these application forms and to contact any paid employer or volunteer agency listed.
- I authorize the VCC department staff to complete background checks prior to and at any time during my volunteer service at Bryan.
- I authorize the VCC department staff to verify any license or certification required for my volunteer service.
- I understand the VCC department staff will not provide me a copy of the information obtained from the background checks performed. The VCC department staff will provide me the names of reporting agencies should I wish to make an inquiry.
- I do hereby agree to forever release and discharge Bryan, its agents and employees, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Volunteer Signature: _____ Date: _____

If applicant under 19 years of age:

I give permission that _____, may volunteer at Bryan Health, accepting all rules, regulations, and policies listed in Volunteer Statement above.

Parent Signature: _____ Date: _____

COMPLETION OF THIS SECTION IS STRICTLY VOLUNTARY

Bryan Volunteers and Customer Care utilizes this information to compile statistical reports. Please mark the appropriate selections:

GENDER:

- Male
- Female
- I prefer not to answer.

RACE AND ETHNICITY

- Hispanic or Latino
- White (Non-Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I prefer not to answer.



OFFICE USE ONLY: (To be completed after Interview/Placement)

Summary of Interview:

Interview Complete: _____ Application Accepted: (contingent on screenings) Yes _____ No _____

Orientation Complete: _____

Conducted by: _____ (Volunteer Coordinator) Date: _____