

# Willamette Valley Medical Center Volunteers

## Volunteer Application

2700 SE Stratus Avenue  
McMinnville, OR 97128  
503.435.6320

[WillametteValleyMedical.com](http://WillametteValleyMedical.com)



Willamette Valley Medical Center (WVMC) Volunteers does not discriminate on the basis of race, gender, religion, national origin, marital status, age, presence of any disability or any basis protected by federal and/or state law. The WVMC Volunteers and the Volunteer Services Department is not obligated to provide a volunteer placement, nor are you obligated to accept the position offered. You must be at least 18 years old to volunteer.

<b>IDENTIFICATION</b>	Name: Last, First Middle		Today's Date:	
	Present Address (Street)			
	City & State	Zip Code	Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no list age: )	
	(Home Phone)	(Cell Phone)	(E-mail address)	
<b>Education and Background</b>	Desired Position:		Date available to start:	
	Are you a currently a student? Yes <input type="checkbox"/> No <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Expected Graduation Date: _____		Work Status: Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Current or last place of employment: _____	
	Are you a year-round resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what months are you available? _____			
	Limitations: Are there any activities or conditions that you must avoid? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe: _____			
	Have you worked/volunteered here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please list dates: _____	Position(s) Held: _____	
	How were you referred to volunteer? Flyer/Poster/Ad <input type="checkbox"/> Internet <input type="checkbox"/> Volunteer Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (please list): _____			
	Other education and/or skills: _____ Foreign or second languages spoken: _____			
	<b>General</b>	Have you pled guilty to, been convicted of, had adjudication of a crime withheld or pled 'no contest' to a crime? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Are you currently under investigation for or been arrested for any crime which has not been adjudicated? No <input type="checkbox"/> Yes <input type="checkbox"/>				
If you answered 'Yes' to any of the above questions, list details, dates, and the disposition of the case: _____				
Do you have any relative(s) employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please list name, department and relationship below) _____				

Availability	Day	Morning (Time)	Afternoon (Time)	Evening (Time)
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

References	<p>PERSONAL REFERENCES: <i>Please provide complete names and addresses of references. References should not be related to you or live at the same address. <b><u>To process your application, reference information must be complete.</u></b></i></p> <p>Name: _____ Relationship: _____</p> <p>Address: _____ Phone: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p>
	<p>Name: _____ Relationship: _____</p> <p>Address: _____ Phone: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p>

Misc.	<p>What do you hope to gain from your volunteer experience? _____</p> <p>_____</p> <p>_____</p>
	<p>What about the healthcare setting is appealing to you? _____</p> <p>_____</p> <p>_____</p>

VOLUNTEER APPLICANT CERTIFICATION	<p>I hereby state that the information given by me in this application is true, complete and correct. I understand that any information provided by me that is found to be false, incorrect or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge from the hospital's service whenever is it is discovered.</p> <p>I expressly authorize, except where noted, without reservation, representatives of the volunteer department to contact and obtain information from all references (personal or professional), employers, public agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or volunteer interview. I hereby waive any and all rights and claims I may have regarding the employer, its' agents, employees or representatives, for seeking, gathering and using such information in the volunteer selection process and all other persons, corporations or organizations for furnishing such information about me.</p> <p>I understand that any volunteer department offer or placement is contingent on meeting hospital medical standards as well as satisfactory results from reference and criminal background checks.</p> <p>I understand if I am offered a volunteer position that all volunteers at Willamette Valley Medical Center are considered 'at-will' and volunteer for an indefinite term. Volunteer placement may be terminated with or without cause or notice at any time, at the will of the volunteer or the hospital.</p> <p><b>PLEASE DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</b> I certify that I have read, fully understand and accept all terms of the foregoing Volunteer Applicant Statement.</p> <p>Signature of applicant: _____ Date: _____/_____/_____</p>
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