Welcome! We are pleased that you are interested in joining our Volunteer Group a Cheyenne Regional Medical Center. **Volunteer services are mutually beneficial to CRMC as well as our volunteers.**

Student – 14yrs-18yrs

Please fill in the application form and background release.

Return form to: Cheyenne Regional Medical Center (CRMC)

**New volunteers to CRMC:**

1. **Please complete the application.**

**When completed return to Volunteer Coordinator at CRMC.**

1. **Complete your orientation meeting. Review of the guidelines and safety procedures.**

**Receive health screening form, make your appointment.**

1. **Complete a health screening, required by CRMC**

(Paid for by CRMC)

**For better communication please fill in current email and phone number. Thank you!!**

**If you have questions or need additional information contact, Brenna Heaton 307-633-7513 or** [**brenna.heaton@crmcwy.org**](mailto:brenna.heaton@crmcwy.org)

**We are looking forward to you joining our Cheyenne Regional**

**Medical Center Volunteer Group.**

|  |  |
| --- | --- |
|  | **Please return application and background consent to:**  **Cheyenne Regional Medical Center Volunteers**  **214 E. 24th St**  **Cheyenne, WY 82001**  **Or email to brenna.heaton@crmcwy.org** |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have Volunteer experience? | YES | NO | If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current or past employment. |  |  |  |  |
| Have you ever been convicted of a felony or a misdemeanor? | YES | NO |  | |

|  |  |
| --- | --- |
| If yes, explain: |  |

Conviction of a crime is not an automatic bar from volunteering.

## As a Volunteer of CRMC

* I will be punctual and conscientious in fulfillment of my duties and accept supervision graciously.
* I will conduct myself with dignity, courtesy and consideration.
* I will keep information heard directly or indirectly confidential about patients, family members or doctors.
* I will report any problems, criticisms or suggestions to a Volunteer Board Member/Volunteer Coordinator.
* I will uphold the traditions and standards of Cheyenne Regional Medical Center.
* I understand that to remain an active Volunteer I will be require to serve a minimum of 25 per year.
* I understand that by not adhering to the CRMC Volunteering Standard I can be dismissed from the Volunteer Core.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_