



Dear Applicant,

Thank you for your interest in joining the Auxiliary and Volunteer Program at Wyoming Medical Center. We are very proud of our dedicated team of more than 160 adult volunteers, including women and men.

The Wyoming Medical Center recognizes volunteers as an essential part of our vision to be a leader in quality, safety and service. It is important that your volunteer experience be satisfying and fulfilling, while providing the highest quality of customer service to our patients, visitors and staff. Your time is appreciated and it does make a difference in the lives of others throughout the hospital as well as our community.

The process for becoming a member of the Wyoming Medical Center Auxiliary and Volunteer organization includes the following:

- ❖ Application process – please complete the attached application packet, which includes an application form, authorization for disclosure form (background check), and personal reference letter. Please provide a copy of your driver's license with the completed packet. Return the packet to:  
Wyoming Medical Center Volunteers  
Attn: Volunteer Services  
1233 E 2<sup>nd</sup> Street  
Casper, WY 82601

Upon receipt of the completed packet, a background check will be completed. If approved, you will be notified via telephone and a letter as to the next Volunteer Orientation. The orientation will take approximately 45 minutes. A \$5 annual membership donation will be requested at the end of your orientation. Once you have completed the orientation, the Volunteer Chair Coordinator will call to arrange training in a selected volunteer service area of interest to you. At the training session, you will be issued your identification badge, and volunteer uniform.

I look forward to meeting you, and am happy to assist in your new volunteer experience. If you have any questions prior to orientation, please do not hesitate to call me at 577-4355.

Sincerely,

Michele Ryan  
Volunteer Coordinator

**Wyoming Medical Center  
Auxiliary and Volunteer Application**

Please complete all forms and return it to: Wyoming Medical Center Volunteers  
Attn: Volunteer Services  
1233 E 2<sup>nd</sup> St  
Casper, WY 82601

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_ Adult Volunteer (over 18 years of age) Birth Date \_\_\_\_\_

How did you learn of our Auxiliary and Volunteer program? \_\_\_\_\_

Why do you want to become a WMC Volunteer? \_\_\_\_\_

What skills or training do you have that may be utilized in your volunteer assignments?

Any limitations related to health? \_\_\_\_\_

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In case of emergency please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Wyoming Medical Center provides equal opportunity without regard to race, creed, color, national origin, sex or physical handicap with the Civil Rights Act of 1964, P.L. 90-202 and Section 504 of the Rehabilitation Act of 1973.

Listed below are the volunteer service areas with a brief description. Please circle all areas that may be of interest to you.

- Casper Surgical Center – clerical duties (filing, organize charts, copies, etc.)
- Chaplain Assistant - assist chaplain with clerical duties
- Diabetes Education – assist staff with clerical duties (patient information packets)
- Escort Service - escort patients to specific clinical areas
- GAP (Guest Assistance Program) – non-clinical patient visitation
- Gift Shop - sale merchandise
- Greeter & Information Desk - host to provide information to patients and guests
- Library Cart – provide reading materials for patients & waiting rooms
- Medical Library – assist with library projects
- Medical Staff Services – assist staff with clerical duties
- OB/Nursery Information Desk - family security observation in & out of area
- Pediatrics – assist staff with daily duties (supplies, mail, clerical)
- Radiology Host - escort radiology patients to treatment area
- Say It With Flowers - flower delivery to staff and patients
- Waiting Area Host – assist family/visitors, physicians and staff with waiting rooms

Please indicate your availability (you may circle more than one):

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday  
Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Current or most recent employment: \_\_\_\_\_

After your orientation, you will:

- ☞ receive your **photo identification badge** (must be worn at all times when volunteering)
- ☞ receive your **uniform** (first one is free)

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I will hold confidential, all information I may hear directly or indirectly concerning patients, Physicians or any member of the hospital staff, and I will not seek any information in regard to a patient, physician or member of staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Wyoming Medical Center  
Auxiliary and Volunteers  
Authorization Disclosure**

1. In connection with my application for volunteer membership at Wyoming Medical Center, I understand that a criminal record report (background check) will be requested. Wyoming Medical Center will assume all fees for obtaining this information.
2. I hereby authorize, without reservation, any law enforcement or government agency contacted by Wyoming Medical Center to furnish the information as requested.

Please print the following information:

Name (first, middle initial and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State issued: \_\_\_\_\_  
(A copy of your driver's license is required)

Additional names used: (include maiden, aliases, nicknames used in the last 7 years)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Previous cities and states of residency in the last 7 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

Wyoming Medical Center  
Auxiliary and Volunteers  
Reference Check for Prospective Volunteers

The person listed below has applied for a volunteer position at Wyoming Medical Center. Due to the nature of our services (offering assistance to patients, families, etc.), it is necessary that prospective volunteers submit a letter of reference.

We would appreciate the completion of this reference in a timely manner so we can continue the application process.

Name of applicant: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_  
(must **not** be a family member)

Your address: \_\_\_\_\_

Your Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

How long have you know this applicant? \_\_\_\_\_

Is this applicant dependable? Yes No

Does this applicant interact well with people? Yes No If no, please explain \_\_\_\_\_

From your experience in working with this applicant, how would you rate their quality of work? \_\_\_\_\_

What are the applicant's strengths? \_\_\_\_\_

Any additional comments or information you would like to share: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this reference form. This information is confidential and will not be shared with the applicant.

\*\*Reference letter must be sealed in an envelope and returned to:

Wyoming Medical Center  
Attn: Volunteer Services  
1233 E 2<sup>nd</sup> Street  
Casper, WY 82601