



**Newton Medical Center**

*Family friendly. First class.*

600 Medical Center Drive | Newton, KS 67114

# Application for Volunteers

**If you need assistance completing this application, contact the individual providing this form to you. Newton Medical Center will take reasonable steps in making the application process accessible to all individuals. Please print legibly.**

**VOLUNTEER POSITION**

Position(s) applied for: 1. \_\_\_\_\_

2. \_\_\_\_\_

Type of schedule you are seeking: \_\_\_\_\_

Time of day: \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email \_\_\_\_\_

Is your age 18 years (minimum required) or older?  Yes  No

Birth Date (Month/Day/Year): \_\_\_\_\_

Do you have emotional or physical conditions that would affect your performance as a volunteer?

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime, other than minor traffic violations? (An offense does not automatically bar volunteering.)

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been employed by NMC?  Yes  No When? \_\_\_\_\_

Are you related to any present NMC employee?  Yes  No If yes, list: \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_

Name Address Telephone No.

## REFERENCES

Individuals who are personally acquainted with you (do not include relatives):

Name

Address

Phone

Years Known

## EMPLOYMENT/VOLUNTEERING (OPTIONAL)

**List your most recent employment/volunteering position.**

Employer's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## EDUCATION (OPTIONAL)

List any education you have: \_\_\_\_\_

**Please read the following carefully before signing:**

I certify the information in this application is correct to the best of my knowledge. I understand falsification of fact or significant omission is grounds for disqualification from further consideration, or for dismissal as a volunteer of Newton Medical Center. I authorize Newton Medical Center to contact former employers, schools, and references to verify my previous employment/volunteer record, education and personal information.

I agree to abide by the rules, regulations, policies and procedures of Newton Medical Center. I understand either Newton Medical Center or I may terminate the volunteer relationship at any time with or without cause and with or without notice.

I understand I may be required to submit and successfully complete a medical examination and tests at the expense of Newton Medical Center as a condition of volunteering.

I understand Newton Medical Center is a smoke-free environment and volunteers are not permitted to smoke in the facility.

I understand that Newton Medical Center will conduct a pre-volunteer criminal background check. I hereby acknowledge this and authorize all parties and organizations provide this information Newton Medical Center requests relative to the background check process.

\_\_\_\_\_  
Authorization Signature of Applicant

\_\_\_\_\_  
Date

**Please leave the application at the front desk of the hospital. Thank you.**

**Front Desk: Send to Human Resources.**