



**OVERLAND PARK
REGIONAL
MEDICAL CENTER**

Overland Park Regional Medical Center Adult Volunteer Application

For questions, please call (913) 541-7470

Thank you for your interest in volunteering at Overland Park Regional Medical Center!

Please complete and submit this application to Overland Park Regional Medical Center's Volunteer Services Mailbox. Once the application is received there will be a face to face interview to determine if there are current openings in areas which appear to match your interests and availability. If accepted to volunteer service, applicants are required to: (1) complete a lab screening for tuberculosis and titers: paid for by the hospital, (2) have a background check and drug screen: paid for by the hospital, and (3) complete hospital orientation, fulfill all required training and education, and onboarding requirements. During the flu season, a flu vaccination is required or a mask must be worn. All volunteers are asked for at least a 4 hour a week volunteering commitment at a minimum.

Please return form to Overland Park Regional Medical Center's Volunteer Services:

Address: 10500 Quivira Road, Overland Park, Kansas 66215

Phone: (913) 541-7470

Email: OPRM.VolunteerServices@HCAHealthcare.com

First Name

Middle Name

Last Name

Address

City

State

Zip Code

Home Phone #

Cell Phone #

E-Mail Address

Best Time to Contact (Mornings,
Afternoon, Evenings)

Are you at least 18+ years of age?

Yes No

Emergency Contact Full Name
(First, Middle and Last Name)

Emergency Contact Phone Number

Emergency Contact Relationship

Have you ever been convicted of a crime?

Yes No

If you answered "yes" to being convicted to a crime, please explain when, where and disposition below:

Education & Experience

Formal Training and/Or Education

School or Organization Attended

Provide any formal training or personal certifications completed

Do you currently or plan to be a student in college, nursing program or health care related field of study?

Yes No

If so, what school?

Are you currently employed?

Yes No

If you are currently employed, please provide your Occupation:

Employer's Address

Supervisor's Full Name

Supervisor's Phones Number

Have you ever been terminated from employment?

Yes No

If you have ever been terminated from employment, please explain in detail below:

Have you volunteered at Overland Park Regional Medical Center before?

Yes No

Please describe below why you want to volunteer:

Volunteer Experience

Organization's Name

Supervisor's Full Name

Describe Type of Service Performed

Supervisor's Phone #

References

Must provide at least **one professional reference** and **two personal references**, must not use relative or family member.

Reference (1) First & Last Name:

Reference (1) Phone #

Reference (1) Address

Reference (2) First & Last Name:

Reference (2) Phone #

Reference (2) Address

Reference (3) First & Last Name:

Reference (3) Phone #

Reference (3) Address

Experience

Hobbies/Skills/Interests

Computer/Software/Applications Experience

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Volunteering Availability

Select what days and hours you are available to volunteer for each day. Shifts are normally 4-6 hours/day but could vary based on department needs and schedule.

Morning Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Afternoon Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evening Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Service Area Interest/Preferences

Select each service type and preferences below

	Interacting with Patients	Interacting with Visitors	Patient/Visitor Escort	Office Work	Reception Desk
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Sitting Job	Walking Job	Mix of Sitting/Walking	Organization
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe any special needs or interests below:

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Applicant Acknowledgement

I certify that the information given by me in this application is true and complete. I hereby authorize all individuals and organizations named or referred to in this application to give Overland Park Regional Medical Center all information relative to my possible volunteer assignment and work habits. I hereby release such individuals, organizations and Overland Park Regional Medical Center from any liability for any claim, damage, which may result. I understand that I will not be paid for time volunteering at Overland Park Regional Medical Center. I will attend and complete all required training and education, orientation, training classes/courses. I will fulfill and abide by all program guidelines for onboarding and throughout the continuum of my time at Overland Park Regional Medical Center. I understand that immunization and vaccination requirements may vary or change based on assignment. I will give punctual and reliable services, and will wear the correct uniform while on duty at all times. I agree to carry myself in alignment with Overland Park Regional's Standards of Behavior. I understand that if I have any questions I may speak with management of Volunteer Services and/or reach out to OPRM.VolunteerServices@HCAHealthcare.com. I further understand it is hospital policy that I will not disclose any confidential information or other documents confidential by law.

Applicant Signature

Date (MM/DD/YYYY)