

Please mail to Volunteer Services, Great River Medical Center, 1221 S. Gear Ave., West Burlington, IA 52655, or FAX to Volunteer Services at (319) 768-3763. Thank you.

**VIRTUAL VOLUNTEER SERVICE APPLICATION**

*(Virtual Volunteers volunteer off-site only, i.e. sewing, knitting, etc.)*

Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Only if under 18) Day/Month/Year

Mr.  Ms. \_\_\_\_\_  
Last Name, First Name, Middle Name

Address: \_\_\_\_\_  
Street, City, State, Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I prefer to receive calls at  Home  Other Best Time: \_\_\_\_\_

**Education:** Formal education is **not** required to be a volunteer. We welcome experience of all kinds!

	Name of School	Course of Study	Start/End Dates
High School			
Post Secondary- College/University			
Professional Training i.e. Nursing			
Trade or Business			

Are you receiving credit for your volunteer work?  Yes  No Required number of hours \_\_\_\_\_

**Employment History:**

Company Name/Employer	Your Job Title	From	To	Status (F/T, P/T, retired)

**Your Volunteer Work:**

Organization	Your Placement	From	To	Reason For Leaving

Have you ever applied to volunteer with this organization before?  No  Yes When? \_\_\_\_\_

**What type of volunteer work are you interested in?** \_\_\_\_\_

*Check how you found out about our volunteer program: Check one only.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Physician            | <input type="checkbox"/> School                        | <input type="checkbox"/> Radio                         |
| <input type="checkbox"/> Community            | <input type="checkbox"/> Newspaper                     | <input type="checkbox"/> TV                            |
| <input type="checkbox"/> Volunteer            | <input type="checkbox"/> RSVP                          | <input type="checkbox"/> Referral Organization         |
| <input type="checkbox"/> Previously a patient | <input type="checkbox"/> Poster/brochure/flyer         | <input type="checkbox"/> Recruitment/Information Booth |
| <input type="checkbox"/> Visited a patient    | <input type="checkbox"/> Knew about/noticed department | <input type="checkbox"/> Relative/Friend               |
| <input type="checkbox"/> Employee of GRHS     | <input type="checkbox"/> GRMC website                  | <input type="checkbox"/> Other _____                   |

I hereby authorize the Volunteer Services Department at Great River Medical Center to investigate my past and to ascertain any and all information, which may concern my work and volunteer records, educational history and character. I hereby release the Volunteer Services Department of any damage whatsoever for issuing same. I further authorize the Volunteer Services Department to maintain this information in their records, release, and absolve them from all liability for acts performed in good faith and without malice in connection with the evaluation of my application.

**Disclaimer:** Because we take our responsibility seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, management reserves the right to reject any applicant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**GREAT RIVER MEDICAL CENTER  
VIRTUAL VOLUNTEER CODE OF ETHICS**

At Great River Medical Center (GRMC), we greatly appreciate our staff of dedicated volunteers, and are committed to doing the very best we can to make your volunteer experience here a productive and rewarding one.

- ❖ I will hold absolutely confidential all information regarding patients, guests, staff, customers, and all matters pertaining to the hospital.
- ❖ I understand that as a virtual volunteer, I may only volunteer off-site at this time, having no access to direct service volunteer opportunities. I also understand that I can pursue direct service opportunities by contacting the Department of Volunteer Services and completing the application/orientation process.
- ❖ I interpret the word volunteer to mean that I agree to work without compensation in money or expectation of future employment.
- ❖ I expect to do my work according to the departmental standards.
- ❖ I anticipate being assigned to a virtual volunteer service, which meets my needs, one that I enjoy, and that meets the needs of the hospital.
- ❖ I will adhere to the Department of Volunteer Services time sheet procedure for virtual volunteers.
- ❖ I pledge to demonstrate tolerance and respect for all persons, and to avoid being judgmental of those different from me.
- ❖ I will be sensitive to the restrictions of my position as a virtual volunteer and will refer questions beyond my scope of responsibility to the Department of Volunteer Services.
- ❖ I understand that the Department of Volunteer Services reserves the right to terminate my volunteer status as a result of (a) failure to comply with Great River Medical Center policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; or (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.
- ❖ I accept this code willingly and agree to follow it during my service as a Great River Medical Center virtual volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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