



VOLUNTEER APPLICATION

(Please print legibly in blue or black ink only.)

PERSONAL INFORMATION

Name _____
Last First MI

Present Address _____
Street City State Zip

Home Phone No. _____ Alternate Phone No. _____

Email Address _____

Do you have any relatives currently working for either organization? _____

If yes, state name and relationship: _____

Are you currently at least 16 years of age? ____ Yes ____ No

Have you ever been convicted of a misdemeanor or felony, excluding minor traffic violations? _____

If yes, please give details: _____

Have you ever been excluded from participation in a federally funded program? (i.e. Medicare, Medicaid) _____

If yes, please give details. _____

If offered a position with our organization, are you willing to submit to a drug test? _____

GENERAL INFORMATION

Occupation (Optional): _____ Employer: _____

Business Phone: _____

Are you currently a student? ____ Yes ____ No

If yes, what school/college/university do you attend and expected date of graduation? _____

Previous Volunteer or Paid Employment Experience (please list organizations and services provided):

**VOLUNTEER APPLICATION
PAGE 2**

GENERAL INFORMATION - CONTINUED

Hobbies, Skill or Special Interests: _____

How were you referred to NHI/NHH? _____ If so, by whom: _____

Volunteer Areas of Interest: _____

Please Indicate Days and Hours Preferred: _____

VOLUNTEER STATEMENT

I certify that the information I have provided on this volunteer application is true and complete to the best of my knowledge. I further understand that any false or incomplete statements shall be grounds for rejection of this application or termination of my services as a volunteer, regardless of the time elapsed before discovery.

I authorize all of the persons and organizations listed on my application to give all information concerning my previous employment, education, and any other information they might have, personal or otherwise, about me, and I release them from all liability that could result from furnishing such information. I authorize Nebraska Heart Institute/Nebraska Heart Hospital to conduct a background check which includes, but may not be limited to, verifying my eligibility to participate in federally funded programs and criminal background (including checks of child and dependent adult abuse and neglect registries and sex offender registries).

I wish to donate my services to the patients of Nebraska Heart Institute/Nebraska Heart Hospital and understand that there is no payment for services rendered or promise of benefits as a volunteer. I agree to abide by the rules, regulations, and policies of Nebraska Heart Institute/ Nebraska Heart Hospital. I further understand that confidentiality must be maintained concerning patient and family information that I may learn while volunteering. I understand that if I do not abide by the organizations' rules, regulations, and policies my services as a volunteer will be terminated and it may result in legal action against me.

I will not hold the Nebraska Heart Institute/Nebraska Heart Hospital liable for any injury, whether physical, mental, economic, or any other type of injury, suffered while engaged in volunteer service for Nebraska Heart Institute/Nebraska Heart Hospital for any reason whatsoever.

Volunteer Signature

Date

If applicant is under 19 years of age:

I give permission that _____, may volunteer services to the patients of Nebraska Heart Institute/Nebraska Heart Hospital, accepting all rules, regulations, and policies.

Parent/Guardian Signature

Date