



Volunteer Service Application

Hillcrest Health Services 1820 Hillcrest Drive, Suite B Bellevue, NE 68005
www.hillcresthealth.com 402.934-2376

Name: _____

Group/Organization: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____ Home/Work/Cell

Emergency Contact Name: _____ Phone Number: _____

Preferred method of communication (mark preference): email phone

How did you hear about this volunteer opportunity? _____

Has a civil or criminal complaint ever been filed against you that alleged sexual misconduct or abuse? **Yes No**

Have you ever been convicted of a crime (misdemeanor or felony) or minor traffic violations? **Yes No**

Have you ever been terminated from a volunteer service or employment due to misconduct towards a patient/client/customer/participant? **Yes No**

If **Yes** on any of the above, please explain _____

Are you 18 years of age or older (under 18 need to have consent) **Yes No**

Have you ever volunteered for Hillcrest Health Systems? **Yes No**

If yes, give details: _____

Time preference (mark availability): Morning Afternoon Evening

Day(s) of week preferred: _____

Length of time you wish to serve in one sitting (mark preference):
 1 Hour 2 Hours 3 Hours Longer Periods

Location:

Hillcrest Mable Rose Hillcrest Country Estates - Cottages Hillcrest Hospice Care Hillcrest Millard
 Hillcrest Health & Rehab Hillcrest Grand Lodge Hillcrest Physical Therapy Hillcrest Shadow Lake
 Hillcrest Firethorn

Are there any skills drawn from previous experiences you would care to use in volunteer work (hobbies, talents, work or volunteer experiences)? _____

Confidentiality Agreement

Volunteers have access to confidential information. It is the volunteer's moral, professional and legal obligation to keep all information regarding customers, the organization, and team members confidential. All people have certain information that they would not wish to be shared with others. It is important for the dignity of those we care for, and work with, to respect the right of confidentiality. It is the responsibility of all volunteers to safeguard all confidential information.

As long as I am a volunteer with Hillcrest Health Services I agree to follow company, state, and federal confidentiality laws and regulations, as well as, all Hillcrest Health Services policies and procedures.

Signature

Date

