



Dear Applicant:

Thank you for your interest in the Volunteer Services Program at UCHealth - Poudre Valley Hospital.

Joining the dedicated team of almost 700 volunteers can be a richly rewarding experience for you. Through volunteering, you will find challenging, enjoyable activities that will be satisfying to you while you perform valuable services for others and augment the services provided to our patients, families, visitors and community.

Application Packet

Enclosed is an application and additional documents that are required to volunteer at PVH. Please complete the following and return them to the Volunteer Services Department 1024 South Lemay Ave Fort Collins, Co. 80524:

- Volunteer Application
- Two reference forms (included in packet). References may be someone you know on a professional basis. References must be sealed in an envelope. The person completing the reference must sign his/her name across the envelope closure on the back. To speed up the reference verification process, return the completed reference with your application.
- Authorization Disclosure Form (included in packet). This is used to request a name verification and criminal record report. Poudre Valley Hospital will assume all fees for obtaining this information.
- To be considered for our Reserve program, we will also need you to turn in a copy of your Driver's License, CPR card, National Registry, and State EMT-B.

Incomplete applications will not be accepted. After we receive all of the forms listed above, you will be hearing from John Stitt, Reserves & Special Events Coordinator to set up an interview. Thank you for your interest in volunteering at Poudre Valley Hospital. We look forward to hearing from you.

Sincerely,

Lori Dykstra
Manager, Volunteer Services



EMT RESERVES APPLICATION

Name _____

Current Mailing Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

E-Mail Address _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

WORK STATUS: _____ Employed _____ Retired _____ Student _____ Volunteer _____ Unemployed

Current or last place of employment and/or volunteer work _____

AVAILABILITY:

Days/Times: Mon. Tue. Wed. Thurs. Fri. Sat. Sun. _____

Present & Future Commitments: _____

PERSONAL SURVEY:

How did you hear about the EMT Reserves Program? _____

Are you personally acquainted with a UCHealth PVH volunteer or employee at this time? If yes:

Name: _____ Dept. _____ Phone: _____

Are there any work activities or conditions that you must avoid? _____

Have you volunteered in the past? If so, what did you take away from that experience?

Why do you want to volunteer as a UCH EMS Reserve?

What do you hope to gain from your volunteer experience? _____

Have you ever been convicted of any law violation? Include a plea of guilty or no contest. Exclude minor traffic offenses. Yes No

If yes, explain:

(UCHealth – PVH conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. However, conviction will not necessarily disqualify an applicant from volunteering).

Do you have motor vehicle insurance? _____

Do you have a valid Colorado driver's license? _____

Do you have medical insurance? _____ (Required to volunteer).

CONTRACT OF CONFIDENTIALITY

As a volunteer, I understand that I may come in contact with confidential information, both clinical and employee-related, through written records, documents, ledgers, internal verbal correspondence and communications, computer programs and applications.

I agree not to divulge or disclose to anyone other than those persons of the Poudre Valley Hospital and its affiliates who have a "need to know", directly or indirectly, either during or after my service, any confidential information acquired during the course of my service.

I will not access confidential information for personal interest and I agree not to release personnel information whether it is volunteers' or employees' unless authorized to do so. In an emergency, I will take a message for the volunteer/employee and refer to immediate supervisor.

I will be responsible to secure confidential information in the work vicinity. Dispose of confidential material in instructed areas and return confidential access codes/badges upon volunteer termination.

I understand my volunteer position is of free will and I do not expect compensation.

I acknowledge that in the event I breach any provision of this agreement, Poudre Valley Hospital, in addition to any other legal remedies available to them, has the right to reprimand, suspend and/or terminate my volunteer service.

Signature

Date

**PLEASE SUBMIT TO:
Volunteer Services Department
1024 South Lemay Ave
Fort Collins, Co. 80524**

**INCLUDE:
Driver's License
Colorado EMT Certification
NREMT Card
AHA PCR Card**



EMT Professional Reference Check for Prospective Volunteers

The person listed below has applied for a volunteer position at UCHealth - Poudre Valley Hospital. Due to the nature of our services (offering assistance to patients who are often vulnerable, contact with infants/newborns, hosting families under stress, etc.), it is required that prospective volunteers submit two reference forms.

We would appreciate your completing this reference in a timely manner so we can continue the application process.

Name of applicant _____
(Last Name) (First Name) (M.I.)

Person completing this form _____
(Name)

Relationship to applicant _____
(Must NOT be a family member)

Your address _____

Your telephone numbers: Work _____ Home _____

How long have you known this applicant? _____

Is applicant dependable? Yes No Please explain:

Does she/he get along well with people? Yes No Please explain:

What do you think of the quality and quantity of his/her work?

If this person was an employee or volunteer at your firm, why did she/he leave?

Would you re-employ him/her? Yes No If no, please explain.

In summing up, what would you say are the applicant's strengths?

Any weaknesses? _____

The position this candidate is applying for has the most patient contact and hands-on medical experience. Any additional comments or information would be greatly appreciated:

(Signature)

(Date)

We would like to thank you for completing this reference form. All information provided is confidential.

References must be sealed in an envelope. The person completing the reference must sign his/her name across the envelope closure on the back.

You may return the completed form to the applicant to be submitted with his/her application, or mail directly to:

Poudre Valley Hospital
Volunteer Services
1024 S. Lemay Avenue
Ft. Collins, CO 80524



EMT Professional Reference Check for Prospective Volunteers

The person listed below has applied for a volunteer position at UCHealth Poudre Valley Hospital. Due to the nature of our services (offering assistance to patients who are often vulnerable, contact with infants/newborns, hosting families under stress, etc.), it is required that prospective volunteers submit two reference forms.

We would appreciate your completing this reference in a timely manner so we can continue the application process.

Name of applicant _____
(Last Name) (First Name) (M.I.)

Person completing this form _____
(Name)

Relationship to applicant _____
(Must NOT be a family member)

Your address _____

Your telephone numbers: Work _____ Home _____

How long have you known this applicant? _____

Is applicant dependable? Yes No Please explain:

Does she/he get along well with people? Yes No Please explain:

What do you think of the quality and quantity of his/her work?

If this person was an employee or volunteer at your firm, why did she/he leave?

Would you re-employ him/her? Yes No If no, please explain.

In summing up, what would you say are the applicant's strengths?

Any weaknesses? _____

The position this candidate is applying for has the most patient contact and hands-on medical experience. Any additional comments or information would be greatly appreciated:

(Signature)

(Date)

We would like to thank you for completing this reference form. All information provided is confidential.

References must be sealed in an envelope. The person completing the reference must sign his/her name across the envelope closure on the back.

You may return the completed form to the applicant to be submitted with his/her application, or mail directly to:

Poudre Valley Hospital
Volunteer Services
1024 S. Lemay Avenue
Ft. Collins, CO 80524



Authorization Disclosure

1. In connection with my application for a volunteer position at Poudre Valley Hospital, I understand that a name and state of residence verification and criminal record report will be requested. Poudre Valley Hospital will assume all fees for obtaining this information.
2. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
3. I hereby authorize, without reservation, any law enforcement or government agency contacted by Poudre Valley Hospital to furnish the information described in Section 1.

Please print the following:

Date _____

Name (First, Middle Initial, Last) _____

Address (Street, City, State, Zip) _____

Date of Birth _____ Social Security # _____

Driver's License # _____ State Issued _____

Expiration Date _____

Names used: (include maiden, aliases, nicknames used in the last 7 years)

1. _____

2. _____

3. _____

Previous Cities and States of residency in the last 7 years:

	Address	City	State	Zip	Year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____