

Adult Volunteer Application



Dear Prospective New Volunteer,

Thank you for your interest in Swedish Medical Center's Adult Volunteer Program. Our dedicated volunteers are valued members of our Swedish health care team and an integral part of providing exemplary service to our patients and their families.

Our HCA Company mission statement is first and foremost: Above all else, we are committed to the care and improvement of human life. HCA President Milton Johnson, "It's all about relationships" and connecting to people. It is a privilege to care for patients in their most vulnerable state, during difficult times in their lives. Our Health ONE vision is to provide exceptional health to every human being and our shared values is I.C.A.R.E – Integrity, Compassion, Accountability, Respect and Excellence.

It is our goal at Swedish Medical Center to provide clinical excellence and exceptional service to our patients, physicians and employees.

At Swedish, our patients come first! Our Volunteer Service department proudly affords unique volunteer opportunities with our facility consisting of, but not limited to: Neuroscience Lobby, Patient Ambassadors, 9 Multi-Trauma Meal Pals, Front Information Desk, Total Joint Replacement Destination Center, Pathology Lab, Level 1 Trauma Emergency Room and EMS Concierge, American Cancer Society Cancer Resource Center and Oncology Infusion, Radiology MRI, Critical Care, Gynecological and Surgery Waiting Rooms, Gift Gallery, Pre-Admit Testing and Ambulatory Care Clinics, No One Dies Alone Patient Vigil program, Denver Pet Partners Animal Assisted Therapy, Pastoral Care Chaplains, Second Chance Shoppe, Patient Visitation, Nursing floor assistance, Swedish Family Residency and Colorado Stroke Coalition P.O.S.S.E group. All volunteer positions are non-clinical and placement is contingent on the applicants' interests and the needs of Swedish Medical Center.

If you would like to join our commendable team, please complete the enclosed application and required background check forms for processing and verification.

Please note all new volunteers are required to commit to a minimum 6 months and 100 hours of service. It is strongly advocated that you assess your schedule and availability to determine if you are able to fulfill this requirement prior to applying.

If your background check is approved by our Human Resource department, we will then be happy to extend an invitation for you to attend a New Volunteer Orientation and discuss individual placement opportunities. Should you have any additional questions, please contact our Volunteer Service office Monday through Friday 8am-4pm by calling 303-788-6560.

Applications may be emailed to Director of Volunteer Services Denise.Mathias@healthonecares.com or mailed to: Volunteer Services c/o Swedish Medical Center 501 E. Hampden Ave. Englewood, Colorado 80113.

Thank you again for choosing Swedish for your volunteer experience!

Volunteer Services at Swedish Medical Center – Adult Application

Applicant's Name: _____

Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Birthdate: _____ Email address: _____

Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

Who referred you to Swedish Medical Center and why do you want to affiliate with our Volunteer Program?

Education and Special Training/Skills:

Professional Employment Experience:

Previous Volunteer Experience:

Hobbies/Special Skills/Interests: _____

Volunteer Preferences: _____

Availability: Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I may be requested to complete a health screening including a drug screen prior to beginning to volunteer at Swedish Medical Center. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Applicant Signature	Facility Name and COID Swedish Medical Center	Date
Applicant Printed Name	Business Entity Name HealthONE-Swedish Medical Center	

