

## Adult Volunteer Application



Dear Prospective New Volunteer,

Thank you for your interest in Swedish Medical Center's Volunteer Program. Our dedicated volunteers are valued members of our Swedish healthcare team and an integral part in delivering clinical excellence, exemplary service and memorable care to our patients and their families.

Our HCA Company mission statement first and foremost is: **Above all else, we are committed to the care and improvement of human life.** HCA President and CEO Samuel N. Hazen, "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 HealthONE vision is to provide exceptional health to every human being and our shared value is I.C.A.R.E – Integrity, Compassion, Accountability, Respect and Excellence.

It is our goal at Swedish Medical Center to provide compassionate, high-quality patient care that meets the caring and cost-effective expectations of our patients, physicians, colleagues and volunteers while preserving and strengthening the Swedish traditions of community service.

Volunteer Services proudly affords unique volunteer opportunities with our facility consisting of but not limited to: Unit Ambassadors; Multi-Trauma Meal Pals; Level 1 Trauma Emergency Room Concierge; American Cancer Society Cancer Resource Center; Radiology MRI; Surgery Waiting Rooms; Pre-Procedure Department; Pastoral Care Chaplains; No One Dies Alone Program; Music Therapy; Colorado Stroke Coalition P.O.S.S.E. group; Admissions; Human Resources; Denver Pet Partners Animal-Assisted Therapy; G.I. Lab; Pathology Lab and Ambulatory Care Clinic. All volunteer positions are non-clinical and placement is contingent on the applicants' age, and the needs of Swedish Medical Center.

**Please note all new volunteers are required to commit to a consistent weekly schedule of a minimum of four hours for an overall minimum 6-months and/or 150 hours of service. We strongly advise that you assess your availability to determine if you are able to fulfill this requirement prior to applying. In addition, each volunteer is required to provide immunization records or immunity results for MMR, Varicella, and Tdap; along with results of a recent TB test, and proof of seasonal flu vaccination. Please consult your PCP for records or needed vaccinations.**

If you would like to join our commendable team, please complete the enclosed application and required background check forms for processing and verification. An application does not guarantee a volunteer program placement. When your background check is approved we will then be happy to extend an invitation for online Orientation and schedule a discussion for placement opportunities. Should you have any additional questions, please contact Volunteer Service Monday through Friday 8am-4pm by calling 303-788-6558.

Applications may be emailed to: [SWED.Volunteers@HealthONEcares.com](mailto:SWED.Volunteers@HealthONEcares.com) or mailed to: Swedish Medical Center, Volunteer Services, 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. Shifts are 8-12; 12-4 and 4-8. Some Emergency Room shifts are

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Morning:</b>	<input type="checkbox"/>						
<b>Afternoon:</b>	<input type="checkbox"/>						
<b>Evening:</b>	<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 03617	Date
Applicant Printed Name	Business Entity Name HealthONE-Swedish Medical Center	