



RAMC Volunteer Application

Please print

First Name.....Last Name.....

Address .....City/State/Zip.....

Phone (Home/Cell).....2nd Phone (Home/Cell).....

Email .....

You may contact me by: Phone Text Email All

Age Group (please circle one): Under 18 18-25 25-65 65+ (If you are under 18, a parent must complete the consent on the back)

Date of Birth (required for background check) ..... Gender: Male Female

Physical limitations.....

How did you hear about RAMC's Volunteer program (please circle all that apply):

Newspaper Radio RAMC Employee School Internet Other:.....

List previous volunteer experience.....

Skills (List things you'd like to do)

Not Interested (List things you don't want to do)

- 1. .... 1. ....
2. .... 2. ....
3. .... 3. ....

Volunteer availability:

Days available (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Hours Preferred (circle all that apply): Morning Afternoon Evening

Circle your area(s) of interest to volunteer:

- Hospital Information Desk (greeters, running errands) Specialty Center Info Desk (greeting, mail)
Gift Shop (in RAMC-cash register, stocking, greeting) Surgery Center (help family members, errands, stock waiting rm)
Urgent Care (help families waiting, stock rooms) Pharmacy (stock shelves, check expiration dates, errands)
Senior Life Center (1-1 visits with elderly, assisting with activities, help Life Enrichment Dept)
Country Store (small gift shop in Senior Life Center) Thrift Store (located off campus-cash register, stocking, greeting)
Behind the Scenes (office work, assembling packets) Craft Group (sewing, crocheting, knitting, etc.)
Wheelchair Crew (cleaning wheelchairs, wiping down handrails in campus hallways)
Fundraisers (bake sales, Tree of Lights, new ideas)

The following confidentiality agreement is very important....
We will discuss it more in-depth during your orientation.
Read the below carefully and sign if you agree to comply:

I understand and agree that, in the performance of my duties as a volunteer at Reedsburg Area Medical Center, I must not repeat anything I see or hear to anyone. This includes information about patients (personal or medical), their families, hospital procedures or staff performance. Further, I understand that intentional or accidental disclosure of confidential information may result in immediate dismissal as a volunteer and could result in further legal action.

Signed.....Date.....

(OVER)



**Non-Discrimination Policy**

Our policy is to select and train the best-qualified individuals without regard to race, color, religion, creed, sex, national origin, age, disability, citizenship, veteran or marital status. Volunteers are placed according to their interests as much as they match the needs of the medical center.

The information provided in this application is true in all respects, without any willful omissions. I understand that if I am selected as a volunteer, any false or misleading statements on this or any company document may result in immediate dismissal without notice regardless of when the false information is discovered.

As a Volunteer, I (please initial by each)

- Agree to complete a volunteer orientation and train until I am competent to perform the required duties
- Agree to complete a Criminal Background Check (18 yo and up), which regardless of the results will remain confidential
- Agree to complete annual health and educational screenings as deemed necessary
- Agree to comply with all the rules and regulations of RAMC, including complete confidentiality
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- Agree to notify Volunteer Coordinator or immediate supervisor as soon as possible when I have scheduling changes

I certify that the answers on this application are, to the best of my knowledge, true and that I have not knowingly withheld any important information.

.....  
**(Signature/ Volunteer)**

.....  
**(Date)**

**Emergency Contact Information:**

Name..... Relationship .....  
Phone .....

**FOR APPLICANTS UNDER THE AGE OF 18**

**To Parents or Guardians:**

Your son or daughter has indicated an interest in becoming a Teen Volunteer at Reedsburg Area Medical Center (RAMC). This program's purpose is two-fold: 1) to provide a satisfying experience for young people in worthwhile community service, and 2) to provide an opportunity for observing careers in the healthcare field.

**PARENT/GUARDIAN CONSENT FORM**

I give my permission for \_\_\_\_\_ to serve as a Teen Volunteer through Reedsburg Area Medical Center. I understand that volunteer assignments are scheduled on a regular basis and that my child is expected to report unless advance notice is given. I also understand that the scheduled hours will fall between 7:00 a.m. and 9:00 p.m., not exceeding eight hours per day or 40 hours per week.

Should my child become ill or sustain an injury while volunteering, I hereby give my permission for treatment at RAMC as necessary in the event that I cannot be reached by telephone at the time.

Signed \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please contact or return application to:**

Jodie Molitor, Volunteer Coordinator  
2000 N Dewey Ave  
Reedsburg WI 53959  
[jmolitor@ramchealth.org](mailto:jmolitor@ramchealth.org) 608.768.6247

