



Student – 14yrs-18yrs

Welcome! We are pleased that you are interested in joining our Volunteer Group at Cheyenne Regional Medical Center. **Volunteer services are mutually beneficial to CRMC as well as our volunteers.**

Please fill in the application form and background release.

Return form to: Cheyenne Regional Medical Center (CRMC)

New volunteers to CRMC:

- 1. Please complete the application.**
When completed return to Volunteer Coordinator at CRMC.
- 2. Complete your orientation meeting. Review of the guidelines and safety procedures.**
Receive health screening form, make your appointment.
- 3. Complete a health screening, required by CRMC**
(Paid for by CRMC)

For better communication please fill in current email and phone number. Thank you!!

If you have questions or need additional information contact, Brenna Crawford 307-633-7776 or brenna.crawford@crmcwy.org

We are looking forward to you joining our Cheyenne Regional Medical Center Volunteer Group.



Please return application and background consent to:
Cheyenne Regional Medical Center Volunteers
214 E. 24th St
Cheyenne, WY 82001
Or email to brenna.crawford@crmcwy.org



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____

Do you have Volunteer experience? YES NO
☐ ☐ If yes, where? _____

Current or past employment. _____

Have you ever been convicted of a felony
or a misdemeanor? YES NO
☐ ☐

If yes, explain: _____
Conviction of a crime is not an automatic bar from volunteering.

As a Volunteer of CRMC

- I will be punctual and conscientious in fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will keep information heard directly or indirectly confidential about patients, family members or doctors.
- I will report any problems, criticisms or suggestions to a Volunteer Board Member/Volunteer Coordinator.
- I will uphold the traditions and standards of Cheyenne Regional Medical Center.
- I understand that to remain an active Volunteer I will be require to serve a minimum of 25 per year.
- I understand that by not adhering to the CRMC Volunteering Standard I can be dismissed from the Volunteer Core.

Print name: _____

Signature: _____

Parent Signature: _____

Date: _____