



Please return application to
Cheyenne Regional Medical Center Volunteers
214 E. 23th St
Cheyenne, WY 82001
brenna.crawford@crmcwy.org
307-633-7513



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 required to serve a minimum of 25 hours per year.
- I understand that by not adhering to the CRMC Volunteering Standard I can be dismissed from the Volunteer Core.

Print name: _____

Signature: _____

Date: _____