J.D. McCarty Center Volunteer Application

Personal Information: Date of Application: _____

Name: _____

Address: _____

Phone Number: _____ Birthdate: _____

E-mail: _____

In Case of Emergency: (please list someone who is nearby.)

Contact Person: _____ Phone Number: _____

Relationship:

Observation Opportunities Available in Therapy Departments:

___ Physical Therapy ___ Occupational Therapy ___ Speech-Language Therapy

Volunteer Opportunities Available (August – May annually)

___ Elementary School ___ Clerical Departments (Main Facility)

___ Internship (please email for availability)

Please indicate the days and times you can volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday ____ Friday _____

Educational Background:

School Dates Attended Major

_____

Please list any current or previous volunteer experience you have:

_____

Do you have any experience working with children with developmental disabilities? _____

How did you hear about the J.D. McCarty Center?

☐ Newspaper ☐ Magazine ☐ College Fair ☐ Radio ☐ Internet ☐ Friend

☐ JDM employee ☐ Other: _____

Additional documents are required to complete volunteer process. Please reach out to the volunteer department to schedule a meeting.

Additional documents include:
-Background Check
-Immunization Records, includes Tdap vaccine
-TB skin test
-Health Assessment form
-HIPAA

I, _____, hereby affirm that I understand that I may be terminated without notice for the following offenses: 1) dishonesty, including theft from fellow volunteers, employees, patients, or the hospital; 2) insubordination or resisting offenses; 3) bringing, possessing or drinking intoxicating beverages on hospital property; 4) misconduct; 5) using narcotics, barbiturates, or habit-forming drugs without a doctor's order, 6) taking pictures or video of patients at any time. I also affirm that I understand that the J.D. McCarty Center will not provide worker's compensation or medical insurance for me while I am serving on staff as a volunteer. I agree to serve at my own risk and further agree that I will not become an adversary of JDM in order to be compensated for any damages of injuries I may sustain while serving as a volunteer. **I understand that the McCarty Center is a tobacco free campus and the use of tobacco products of any kind is not allowed anywhere on the property.**

_____ _____
(Your Signature) (Date)

_____ _____
(Volunteer Coordinator Signature) (Date)

To submit application, email this completed form to Jennifer Giamelle at jgiamelle@jdmc.ok.gov or drop off completed form to the J.D. McCarty Center at 2002 E. Robinson St. in Norman.