



NORTHWEST MEDICAL CENTER

VOLUNTEER SERVICES APPLICATION CONFIDENTIAL

For Internal Use:

Kronos _____
Position _____

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth (mm/dd) _____ 18 years or older Under 18 years of age

Email _____ Phone: _____ Alt Ph: _____

Address _____

City _____ State _____ Zip _____

Please check all areas that you are interested in working in the hospital – please note that some positions are not open to Junior Volunteers:

- | | |
|--|---|
| <input type="checkbox"/> Admitting Desk* (Adult) | <input type="checkbox"/> Patient Floors - Women's Center* (Adult & Junior) |
| <input type="checkbox"/> Book Cart* (Adult & Junior) | <input type="checkbox"/> Patient Floors - Main Hospital* (Adult) |
| <input type="checkbox"/> Chaplain Program* (Adult) | <input type="checkbox"/> Sweethearts Sewing Circle (Adult) |
| <input type="checkbox"/> Clerical (Adult & Junior) | <input type="checkbox"/> Pharmacy (Pre-Pharm Students) |
| <input type="checkbox"/> Courtesy Cart* (Adult) | <input type="checkbox"/> Continental Reserve Urgent Care* (Adult & Junior) |
| <input type="checkbox"/> Emergency Department Waiting Rooms (Adult & Junior) | <input type="checkbox"/> Northwest Urgent Care at Orange Grove* (Adult & Junior) |
| <input type="checkbox"/> Emergency Department Patient Care* (Adult) | <input type="checkbox"/> La Paloma Urgent Care* (Adult & Junior) |
| <input type="checkbox"/> Gift Shop (Adult) | <input type="checkbox"/> Northwest Urgent Care at Duval Mine Road (in Green Valley)* (Adult & Junior) |
| <input type="checkbox"/> ICU Liaisons* (Adult) | <input type="checkbox"/> Voices Program (Pre-med students) |
| <input type="checkbox"/> Surgical Liaisons* (Adult) | <input type="checkbox"/> Mended Hearts Program |
| <input type="checkbox"/> Information Desk* (Adult & Junior) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NICU Patient Care (Adult) | |
| <input type="checkbox"/> Materials Management* (Adult) | |
| <input type="checkbox"/> Messenger* (Adult & Junior) | |

* Requires a lot of walking

Please circle availability.

AM: 8:00 a.m. – Noon, **PM:** Noon - 4:00 p.m., **EVE:** 4:00 p.m. - 8:00 p.m.

<u>MON</u>	<u>TUES</u>	<u>WEDS</u>	<u>THURS</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
EVE	EVE	EVE	EVE	EVE	EVE	EVE

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

1. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? No [] Yes [] - If yes, please describe the service requirements:

Service Organization _____

Contact & Phone Number _____

2. Is there anything that may adversely affect your ability to perform volunteer work? No [] Yes [] - If yes, please describe in detail:

3. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested?

4. Do you have any physical, visual or hearing needs we need to consider?

No [] Yes [] - If yes, please explain:

5. Are you physically able to transport patients? Yes [] No []

EDUCATION & WORK EXPERIENCE

Education: Check highest level

High School: 9 [] 10 [] 11 [] 12 [] GED []

College: 1 [] 2 [] 3 [] 4 [] Graduate School 1 [] 2 [] 3 [] 4 []

Degree/Major _____

Employment Experience:

Have you ever worked at a hospital? No [] Yes []

REFERENCES:

You will need to provide two letters of recommendation from non-family members attesting to your suitability to be a hospital volunteer. You may attach them to this application or bring them to your interview. Please also list their information below:

Reference 1:

Name _____ Phone _____

Relationship to you _____ Business Name _____

Address _____

City _____ State _____ Zip _____

Reference 2:

Name _____ Phone _____

Relationship to you _____ Business Name _____

Address _____

City _____ State _____ Zip _____

OTHER:

1. Have you ever been convicted of a felony? No [] Yes []

2. Have you ever been convicted of a misdemeanor? No [] Yes []

If 'Yes' to question 1 or 2, please describe the conviction(s) in detail, including dates.

3. How did you hear about this volunteer program?

4. Do you hold any special medical or clinical certifications or licenses, or have you had medical training of any type? No [] Yes [] – Please list:

5. When can you start volunteering? _____

Commitment

The act of volunteering means commitment to a definite program. As a Volunteer, you will be expected to work a minimum of 4 hours per week. The Adult Program Volunteers (ages 18 and above) make a 6-month commitment (100 hours). The Junior Program Volunteers (ages 15-18) make a 4-month commitment (60 hours).

I understand the above commitment and I agree to it:

Signature: _____ Date: _____

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Signature: _____ Date: _____

PARENTAL CONSENT FOR APPLICANTS UNDER AGE 18

I hereby give permission for _____ to serve as a Volunteer at Northwest Medical Center. I give the Northwest Medical Center permission to do any testing or X-rays required by the Employee Health Department. In the event of an accident or injury to the above-named while in the hospital, I give permission for him/her to receive emergency treatment by a member of the hospital staff until the family and/or family physician can be notified.

I understand that my child is committing to 4 hours per week for a four-month (60 hours) volunteer program and absences will be reflected in their evaluation/letter of completion.

I understand that the uniform for volunteering at NMC is a purple scrub top (which may be purchased in our hospital gift shop at a discount) and tan pants. I will see to it that they are clean, pressed and appropriate for the work place.

Parent or Guardian Signature: _____

Relationship: _____ Date: _____