

If you are interested in participating in our Volunteer Program, please complete the application as follows and submit to:

**Northwest Medical Center
Volunteer Office**
6200 N. La Cholla Blvd.
Tucson, AZ 85741

Please include the following with your completed application:

- Two letters of recommendation from non-family members attesting to your suitability to serve in a hospital as a volunteer
- Volunteers born after 1/1/57 must submit proof of MMR (Measles, Mumps, Rubella) vaccination.

If you have any questions regarding the volunteer program at Northwest Medical Center, please call 469-8537 from 9 a.m. to 3 p.m., Monday through Friday.

Our volunteers add that special touch!

The success of Northwest Medical Center is due in part to the hard work and dedication of its volunteers. We have more than 325 volunteers that work in almost every area of the hospital. Our volunteers play a vital role in meeting the non-medical needs of our patients.

In addition to the personal rewards one receives from volunteer work, NMC offers volunteers:

- Free meal on the day you volunteer
- Free membership in our campus fitness center
- Bi-annual Luncheons
- Free membership in our Active Advantage (after 100 hours of volunteering)

Volunteer opportunities exist in the following areas:

- Courtesy Cart Driver
- Information Desks
- Waiting Rooms
- Patient Services
- Urgent Care
- Emergency Room
- Gift Shop
- Clerical Support
- Surgical Liaisons
- And much, much more!

Adult Volunteer Application



Northwest Medical Center

6200 N. La Cholla Boulevard
Tucson, Arizona 85741 • 520-742-9000
northwestmedicalcenter.com

Statement of Commitment

The act of volunteering means commitment to a definite program. You will be promising to do specific work and our staff will be depending on you. The commitment for adults is 100 hours, which is usually 6 months. Placement within the hospital takes into consideration its immediate needs as well as the interests and skills of the new applicant. After receipt of your application materials, you will be contacted for an interview.

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- Volunteers born after 1/1/57 must submit proof of MMR (Measles, Mumps, Rubella) vaccination

I understand the above-mentioned commitment and agree to honor it.

Applicants Signature: _____

Date: _____

Please Print

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Date of Birth: _____

Please check the areas of volunteering that would most interest you:

- Information Desk
- Waiting Room
- Patient Contact
- Emergency/Urgent Care
- Clerical
- Messenger
- Gift Shop
- Surgical Liaisons
- Other — please explain: _____

Please circle availability:

AM: 8 a.m. — Noon
PM: Noon — 4 p.m.
EVE: 4 p.m. — 8 p.m.

MON TUES WEDS THUR FRI SAT SUN
AM AM AM AM AM AM AM
PM PM PM PM PM PM PM
EVE EVE EVE EVE EVE EVE

■ Do you live in Tucson year-round?
If no, what dates are you away: _____

■ Have you ever been convicted of a felony? _____
If yes, when? _____
■ Do you have any health conditions or limitations, which may affect your work performance or placement?
If yes, please explain: _____

In case of emergency please notify:
Name _____
Phone _____
Relationship _____
Doctor's Name _____
Phone _____