

If you are interested in participating in our Volunteer Program, please complete the application and 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.
- Signature by parent on Information & Consent form (inside of this application)

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!

We are proud that our program offers students 15 and older not only the community service experience, but also provides a unique view of the medical field and its varied career opportunities.

- Minimum of 4 hours per week and make a minimum 4-month commitment (60 hours). Volunteer assignments are available seven days a week. We can adjust your volunteer schedule to work with your school schedule.
- Orientations are held on the first and third Mondays of the month. Please call the Volunteer Office at 469-8537 to make a reservation.
- Junior Volunteer applicants must have parental consent section of the application completed.
- Uniform requirements: Red polo shirt worn with tan pants. Footwear should be comfortable, low-heeled, non-skid closed-toed shoes – tennis shoes are acceptable. Appropriate work place attire.

Junior Volunteer Application



Northwest Medical Center

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

PARENTAL CONSENT FOR APPLICANTS UNDER AGE 19

I hereby give permission for _____

to serve as a Volunteer at Northwest Medical Center. I give the above named hospital 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 her/him 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 that absences will be reflected in their evaluation/letter of completion.

I understand that the uniform for volunteering at NMC is a red polo shirt 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 _____

In case of emergency please notify:

Name _____

Phone _____

Relationship _____

Doctor's Name _____

Phone _____

Statement of Commitment

The act of volunteering means commitment to a definite program. You will be promising to do specific work, and your agreement to do this without compensation will not change the fact that our staff will be depending on you. The commitment for Junior Volunteers is 60 hours, which is usually four months.

Volunteers will receive a letter reflecting their hours after completing this commitment. After receipt of your application materials, you will be contacted for an interview.

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

Applicants Signature: _____

Date: _____

Please Print

Name: _____

Address: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Date of Birth: _____

Questionnaire - Please fill out entirely

Are you volunteering as part of a school or community service project? _____

If yes, how many hours are you required to volunteer? _____

Do you have any health conditions or limitations, which may affect your work performance or placement? _____

If yes, please explain: _____

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

- Information Desk
- Emergency/Urgent Care
- Clerical
- Messenger
- Gift Shop
- Other: _____

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	EVE

After receipt of your application, letters of recommendation and immunization record, you will be contacted for an interview.