



NORTHWEST MEDICAL CENTER

VOLUNTEER SERVICES APPLICATION CONFIDENTIAL

For Internal Use:

- DOB
- Kronos
- Position
- Referred to EH

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"/> Materials Management* (Adult) |
| <input type="checkbox"/> Chaplain Program* (Adult) | <input type="checkbox"/> Messenger* (Adult and Junior) |
| <input type="checkbox"/> Clerical (Adult and Junior) | <input type="checkbox"/> Patient Floors-WC (Adult & Junior) |
| <input type="checkbox"/> Courtesy Cart* (Adult) | <input type="checkbox"/> Patient Floors- Main Hospital* (Adult) |
| <input type="checkbox"/> Emer. Dept. Waiting Rooms – Adult/Jr. | <input type="checkbox"/> Sweethearts Sewing Circle (Adult) |
| <input type="checkbox"/> Emer. Dept Patient Care* (Adult) | <input type="checkbox"/> Pharmacy (Pre-Pharm Students) |
| <input type="checkbox"/> Gift Shop (Adult) | <input type="checkbox"/> Urgent Care Marana* (Adult & Junior) |
| <input type="checkbox"/> ICU Liaisons* (Adult) | <input type="checkbox"/> Urgent Care Ina* (Adult & Junior) |
| <input type="checkbox"/> Surgical Liaisons* (Adult) | <input type="checkbox"/> Urgent Care LaPaloma* (Adult & Junior) |
| <input type="checkbox"/> Information Desk* (Adult and Junior) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NICU –Patient Care (Adult) | |

*** Requires a lot of walking**

Please circle availability.

AM 8:00 am - Noon **PM** Noon - 4:00 pm **EVE** 4:00 pm - 8:00 pm

<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: _____

6. 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? Yes [] No []

REFERENCES:

Please attach two letters of recommendation from non-family members attesting to your suitability to be a hospital volunteer. Please 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? Yes [] No []

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

If 'Yes' to either question, 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 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 Volunteer (ages 18 and above) make a 6-month commitment (100 hours). The Junior Program (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.

Name: _____ 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 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-names 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 _____