

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

1. I understand and agree to the time commitment for volunteering (College Students 90 hours, or Adults – a minimum of 100 hours and for Junior Volunteers a minimum of 60 hours). Yes [] No []

2. Are you a US citizen or if not, can you provide a valid VISA? Yes [] No []

3. I agree to submit my social security number at the interview. Yes [] No []

4. Are you a year-round resident of Arizona? Yes [] No []

5. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? Yes [] No []

(NMC does not offer court-ordered community service)

6. Do you have special needs such as hearing or mobility issues, inability to walk long distance or stand for a long period of time? No [] Yes [] – If yes, please describe in detail: _____

7. Are you physically able to transport patients in a wheelchair? Yes [] No []

8. I understand that I must be fully immunized for measles, mumps, rubella and be tested for TB (two tests one week apart) prior to volunteering. Yes [] No []

9. Why do you want to volunteer at NMC?

10. When are you available to begin volunteering? _____

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. Information below is required.

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 _____

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.

Parent or Guardian Signature: _____

Relationship: _____ Date: _____