



ORO VALLEY HOSPITAL

Volunteer Application

Name _____
Last First Middle Initial

Address _____

City/State/Zip _____ Phone _____

Date of Birth _____ SSN _____ Email: _____

What day(s) do you wish to volunteer? _____

What shift do you wish to volunteer?

___ AM (8 a.m. to noon) ___ PM (Noon to 4 p.m.) ___ EVE (4 p.m. to 8 p.m.)

Areas of Interest

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Waiting Room | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Patient Contact | <input type="checkbox"/> Clerical |
| | <input type="checkbox"/> Gift Shop | |

Do you prefer working alone? _____ Working with a group _____

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

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

Are you seeking to volunteer for court ordered community service Yes [] No []

In Case of Emergency, Please Notify

Name: _____ Phone: _____

Relationship: _____

Doctor's Name _____ Phone: _____

___ Volunteer Program (19 years and over)

___ Please include 2 letters of recommendation

___ Proof of MMR Vaccinations or MMR Immunity if accepted

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 and regulations of Oro Valley Hospital.

I authorize Oro Valley 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: _____

Please Return to:

Mary M. Toth
Volunteer Services Coordinator
Oro Valley Hospital
1551 E Tangerine Rd
Oro Valley, AZ 85755