

ADULT VOLUNTEER APPLICATION



V aluable for all you are and all you do.

O pen to trying new things.

L oyal and reliable day after day.

U ntiring in your willingness to help.

N ice to be around.

T houghtful in so many caring ways.

E ager to share your talents and skills.

E nergetic in every task you take on.

R eady with a smile to brighten another's day.

S pecial. That's what volunteers are!

WANTED: HOSPITAL VOLUNTEERS

WHAT'S A HOSPITAL VOLUNTEER? They are a special, wonderful kind of person who offers his or her time, free of charge, to help others.

WHY ARE HOSPITAL VOLUNTEERS IMPORTANT? Because they provide many EXTRA services that supplement the basic, essential functions of the staff . . . services that add to the comfort, care and happiness of the patient! Volunteers add to the quality of health care by helping the patients, their families, the staff and visitors.

BUT WHAT DOES THE VOLUNTEER GET OUT OF THIS? A chance to learn new skills, develop new interests, make new friends and most of all, a chance to enjoy that rare satisfaction that comes from helping others.

WHAT KIND OF PEOPLE ARE VOLUNTEERS? Men and women of all ages, all backgrounds, and all abilities. They may be students, housewives, working people or retired people.

WHAT QUALIFICATIONS ARE NEEDED? You need to be interested, have a good attitude, be dependable and be discreet.

PREPARATION FOR THE JOB. First we will interview you to match your interests, talents and schedule to the hospital's needs. We will then orient you to the hospital and its goals, uniform requirements, policies and procedures, and your benefits. Once you have completed all our requirements, you will be introduced to your assignment and contact person. Then you will be ready to begin volunteering!

And many thanks to you for volunteering at our hospital.

**VALLEY HEALTH SYSTEM
ADULT VOLUNTEER APPLICATION**

PLEASE PRINT CLEARLY

Date: _____

Name: _____ Mr. Mrs. Ms. Miss
Last First Middle (Circle One)

Address: _____
Street City State Zip Code

Social Security Number: _____ Birthday: _____
(Year Optional)

Home Phone: _____ Work Phone: _____

Are you now employed? Yes No If yes, type of work/position _____

Name of Employer: _____ Phone: _____

List any specialized training, hobbies and interests: _____

List volunteer experience: _____

Educational Background: _____

How much time can you give? Days per week _____ Hours per day _____

Check the days that you are able to volunteer: Mon. Tues. Wed. Thurs. Fri. Sat. Sun

Times available: Morning Afternoon Evening

Which hospital(s) are you volunteering for? Desert Springs Hospital Summerlin Hospital Valley Hospital

Referred by: _____

PERSON TO BE CONTACTED IN AN EMERGENCY

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Have you ever been convicted of a felony? Yes No If yes, describe: _____

List two local references: _____

Name Phone Number

Name Phone Number

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential, all information that I obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall submit to an annual tuberculin skin test and any other health examination which may be necessary as part of my volunteer service.
4. I understand that it is required I take safety and educational classes yearly.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, and endeavor to make my work professional in quality.
6. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
7. I shall at all times uphold the philosophy and standards of the hospital.
8. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them as well as all hospital policies and procedures with The Valley Health System.

Volunteer Signature

Date

To be completed by the Volunteer Services Department

Interviewed: _____ Orientation: _____ TB Test: _____

Assignment: _____ Day/Time: _____

Assignment: _____ Day/Time: _____

First Day Scheduled: _____ Supervisor Notified: _____