



**\*\*FOR AUXILIARY USE ONLY\***

FD DAY \_\_\_\_\_

EMERGENCY \_\_\_\_\_

NICU CUDDLER \_\_\_\_\_

GIFT SHOP \_\_\_\_\_

## APPLICATION FOR VOLUNTEER SERVICES

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?  Yes \_\_\_\_\_  No \_\_\_\_\_

EMPLOYED  RETIRED  COLLEGE STUDENT

COLLEGE ATTENDING: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

AREAS OF VOLUNTEER INTEREST:

PLEASE PRIORITIZE YOUR AREAS of INTEREST: 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE:

\_\_\_\_ Front Desk Day \_\_\_\_\_ Gift Shop

\_\_\_\_ Emergency Services \_\_\_\_\_ NICU Cuddler

PREFERENCES \_\_\_\_\_

**PLEASE NOTE: DUE TO THE POPULARITY OF THE CUDDLER AND EMERGENCY SERVICES PROGRAMS, VOLUNTEER OPENINGS IN THESE AREAS ARE LIMITED AND CAN BE INFREQUENT.**

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## TIME AVAILABLE FOR ASSIGNMENT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

As a Sierra Vista Regional Medical Center Volunteer, I agree:

- To hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, families, doctors or personnel, and I will not seek confidential information in regard to a patient and in accordance with Federal Law (HIPPA).
- That my services are donated to Sierra Vista Medical Center without contemplation of compensation or future employment and given without humanitarian or charitable reasons.
- To abide by the Bylaws and Policies of Sierra Vista Regional Medical Center Volunteer Auxiliary and to serve as a responsible member of the organization.

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Office Use Only\*\*\*\*

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_