

**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 agree, as an adult 18 years or older, to submit to the required background check.
5. I understand that it is required I take safety and educational classes yearly.
6. 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.
7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
8. I shall at all times uphold the philosophy and standards of the hospital.
9. 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: \_\_\_\_\_

# 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?** A volunteer is 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, stay-at-home parents, 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.**

### Which hospital(s) are you volunteering for?

Centennial Hills Hospital  
Ph: 702-835-9860  
[www.centennialhillshospital.com](http://www.centennialhillshospital.com)

Spring Valley Hospital  
Ph: 702-853-3059  
[www.springvalleyhospital.net](http://www.springvalleyhospital.net)

Valley Hospital  
Ph: 702-388-4668  
[www.valleyhospital.net](http://www.valleyhospital.net)

Desert Springs Hospital  
Ph: 702-369-7782  
[www.desertspringshospital.net](http://www.desertspringshospital.net)

Summerlin Hospital  
Ph: 702-233-7532  
[www.summerlinhospital.org](http://www.summerlinhospital.org)

# 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: \_\_\_\_\_ Birthdate(MM/DD/YR): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List Volunteer Experience: \_\_\_\_\_

### Education and Work Experience

Current Employer	Circle Last Grade Completed
Work Phone	High School <span style="margin-left: 20px;">9</span> <span style="margin-left: 20px;">10</span> <span style="margin-left: 20px;">11</span> <span style="margin-left: 20px;">12</span> <span style="float: right;"><small>Graduation Date</small></span>
Position Responsibilities	College <span style="margin-left: 20px;">1</span> <span style="margin-left: 20px;">2</span> <span style="margin-left: 20px;">3</span> <span style="margin-left: 20px;">4</span> <span style="float: right;"><small>Graduation Date</small></span>
	College Major <span style="margin-left: 100px;">Degree Conferred</span>

### Skills / Preferences Volunteer Work Preferences. Availability I request to work:

<input type="checkbox"/> Clerical (e.g. typing and filing)	<input type="checkbox"/> with patients (circle adult and/or children)	<small>Please check the boxes for the days and times you are most often available to volunteer.</small>
<input type="checkbox"/> Domestic (e.g., sewing & crafts)	<input type="checkbox"/> with visitors and families	
<input type="checkbox"/> Technological (computer programs)	<input type="checkbox"/> with other volunteers	
<input type="checkbox"/> Public Relations (oral & written communication)	<input type="checkbox"/> independently	Normal Shifts   S   M   T   W   T   F   S
<input type="checkbox"/> Adaptability (enjoy a constant variety of assignments)	<input type="checkbox"/> in a reception area	8-12 Morning
<input type="checkbox"/> Delivery (Flowers, Magazines, Newspapers)	<input type="checkbox"/> behind the scenes (office support)	12-4 Afternoon
<input type="checkbox"/> Retail/Sales (Giftshop, Fundraising)	<input type="checkbox"/> with computer input	4-8 Evening
<input type="checkbox"/>	<input type="checkbox"/> on special projects (e.g., health fairs and mass mailings)	

Are you required to Volunteer?  Yes  No If yes, by whom? \_\_\_\_\_ Hours Required: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

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