PRESBYTERIAN
THE FIRST 100 YEARS

VOLUNTEER SERVICES DEPARTMENT
P.O. Box 26666, Albuquerque, NM 87125
Volunteer Office Tel: 505-841-1501 FAX: 505-841-1858

Volunteer Application

(This application will be kept confidential.)

Date:_____

Personal Contact Information Social Security # _____

Last Name:_____ First:_____ MI: _____ DOB:_____

Address: _____ City:_____ State:_____ Zip Code: _____

Home Phone:_____ Work:_____ Cell:_____ E-mail: _____

Emergency Contact Information

Name:_____Relationship:_____

Address: _____ City:_____ State:____ Zip Code: _____

Home Phone:_____ Work:_____ Cell:_____

Name:_____Relationship:_____

Address: _____ City:_____ State:____ Zip Code: _____

Home Phone:_____ Work:_____ Cell:_____

General Information

Hobbies, interests, or skills:_____

_____

Languages (fluent): English ☐ Speak ☐ Read ☐ Write

Spanish ☐ Speak ☐ Read ☐ Write

Other:_____ ☐ Speak ☐ Read ☐ Write

How did you learn about our program?_____

Why are you interested in Volunteering for Presbyterian Healthcare Services?_____

_____

Any previous or current work experience? Is so, where?_____

_____

Any previous Volunteer experience? If so, where?_____

_____

What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please be as specific as possible. We ask for a minimum commitment of **four hours** per week for **nine months**.

Medical Information

The Presbyterian Healthcare Services Volunteer Program is available to all, without regard to race, color, national origin, disability, gender, political affiliation or religion.

Are you currently being treated for any medical conditions that Volunteer Services should know about? ☐ Yes ☐ No

If so, please list them: 1._____ 2._____ 3._____

Are you currently taking any medications that Volunteer Services should know about? ☐ Yes ☐ No

If so, please list them: 1._____ 2._____ 3._____

Volunteer Statement and Background Check Authorization

I,_____, certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I authorize PHS to conduct any and all inquiries necessary to determine my acceptability as a volunteer, including a thorough background check. I understand that this background check may include verification of personal and/or employment references, military information, or police record inquiries. The following will help to facilitate this process.

Have you every been convicted or have plead guilty, no contest, (nolo contender), or received deferred adjudication for any criminal offense, including both misdemeanors and felonies? Answering "yes" will NOT automatically bar you from volunteering. If yes, please indicate the requested information below. If you need additional space, please continue on a separate sheet of paper.

Date	Charge	City/State:	Disposition:

Signature: X_____ ***Date:***_____

APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE

PHS Volunteer Agreement

I have reviewed and understand all of the information provided by the Presbyterian Healthcare System regarding the Volunteer Program and my responsibilities as a volunteer.

I understand that all Presbyterian Healthcare System medical records and patient records shall be treated as confidential information. I further understand that as a Presbyterian Healthcare System volunteer I am bound by Federal, State and Local laws and regulations regarding medical records and governmental records.

Printed Name:_____**Date:**_____

Signature: X_____**PHS Rep Signature:**_____**Date:**_____

FOR OFFICE USE ONLY:

- ☐ Criminal Background Check _____
- ☐ Criminal Background Check _____
- ☐ Criminal Background Check _____
- ☐ Personal Interview _____
- ☐ Orientation Scheduled/Date _____
- ☐ TB Test/Results _____
- ☐ Compliance and Ethics Test/Results_____

Volunteer Position Schedule

Day:_____
Time/Shift:_____
Assignment:_____
Department Manager: _____

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Time/Shift:_____
Assignment:_____
Department Manager: _____

In addition to filling out this application you must:

- Pass a criminal background check.
- Schedule a brief interview with a Volunteer Program Manager.
- Receive an invitation to attend the General Volunteer Orientation.
- Submit proof of a negative TB Skin Test within the last year.
- Complete a Department/Area specific orientation.
- Be issued a security badge.

PLEASE BE SURE YOU HAVE COMPLETED THE APPLICATION IN ITS ENTIRETY.

MAIL TO: PRESBYTERIAN VOLUNTEER SERVICES, PO BOX 26666, ALBUQUERQUE, NM 87125 OR FAX TO: 505-841-1858