

# VOLUNTEER APPLICATION and AGREEMENT

PAGE 1 of 2

**CHECK PREFERRED VOLUNTEER LOCATIONS:**



MOUNTAIN VISTA: Mail to 1301 South Crismon Road, Mesa, AZ 85209, Attn: Volunteer Services, Fax: 480.358.6556

ST LUKE'S: Mail to 1800 E. Van Buren Street, Phoenix, AZ 85006, Attn: Volunteer Services, Fax: 602.251.8761

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Are you age 18+? Y / N      Age 16 or 17? Y / N      Senior Advantage® Member? Y / N

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Work Experience: \_\_\_\_\_

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

Skills, Abilities and Languages: \_\_\_\_\_

How did you learn about IASIS Healthcare? \_\_\_\_\_

**Volunteer Interests (please check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Escort Patients and Visitors<br><input type="checkbox"/> Gift Shop at Tempe St. Luke's (volunteer-run)<br><input type="checkbox"/> Greeter/Host: Cafeteria, Special Events<br><input type="checkbox"/> Handcrafts: Lap Robes, Baby Blankets, Crafts<br><input type="checkbox"/> Inpatient Units: Call Lights, Reception, Rounds, Supplies<br><input type="checkbox"/> Mobile Book Cart or Refreshment Cart | <input type="checkbox"/> Lobby Reception & Information Desk<br><input type="checkbox"/> Office/Clerical Support <input type="checkbox"/> Computers<br><input type="checkbox"/> Pet Visitation Team (Certified)<br><input type="checkbox"/> Spiritual Care Representing Faith/Religion:<br>_____<br><input type="checkbox"/> Waiting Room Attendant<br><input type="checkbox"/> Other _____ |
|---|--|

**When Are You Available To Volunteer?**

Circle Months: ALL JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

How many shifts per week do you want to volunteer? \_\_\_\_\_ What date can you start? \_\_\_\_\_

Check boxes of days and times you are available:

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5-8 a.m.							
8 a.m.-Noon							
Noon-4 p.m.							
4-8 p.m.							
8-11 p.m.							

# VOLUNTEER APPLICATION and AGREEMENT

PAGE 2 of 2

I am age 15 or younger and/or want to volunteer off site to make and donate handmade Patient Comfort items such as lap robes, baby items and crafts. I agree not to discuss or divulge **Confidential Information** I may learn about the Hospital's business, staff, patients, visitors, volunteers or other associates.

I am age 16 or older and want to volunteer in the Hospital at least one four-hour shift per week for a period of at least one year (with time off as needed).

I am available Monday-Friday between the hours of 8:00 a.m.-4:30 p.m. for an interview and, if selected as a volunteer candidate, for on-site screening, scheduling, classroom training and on-the-job training.

I authorize the Hospital to conduct and evaluate the results of a **Reference Check, Background Check, Health Screen, Drug Screen and TB Skin Tests** as a condition of my acceptance for volunteer service.

I agree to participate in **Training**, including New Volunteer Orientation, Job-Specific Instruction, Annual Update Training and in-services determined necessary by the Hospital.

I agree not to discuss or divulge **Confidential Information** I may learn about the Hospital's business, staff, patients, visitors, volunteers or other associates.

I agree to abide by all **Policies and Procedures** of the Volunteer Services Department, the Hospital and IASIS Healthcare Corporation.

I understand that the **Identification Badge** and any **Key** issued to me is the property of the Hospital, and I agree to return it (them) upon leave of absence, termination of volunteer service or whenever requested by staff to do so.

I permit you to share my date of birth and mailing address with other volunteers for the purpose of recognizing my birthday. MONTH \_\_\_ \_\_\_ / DAY \_\_\_ \_\_\_.

---

## Adult Age 18+

Printed Name: \_\_\_\_\_

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

## Parent or Legal Guardian for Minor Age 17 or Younger

Printed Name: \_\_\_\_\_

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