

Volunteer Application

(Ages 18 & Older)

(This application will be kept confidential.)

Date: _____

Personal Contact Information

Social Security #: _____

Last Name: _____ First Name: _____ MI: _____ D.O.B.: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

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 UNM Sandoval Regional Medical Center? _____

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

Any previous Volunteer experience? If so, where? _____

What days & Times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Please be as specific as possible. We ask for a minimum commitment of 4 hours per week for 12 months.

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 UNM Sandoval Regional Medical Center to conduct any and all inquiries necessary to determine my acceptability as a volunteer, including a thorough background check.

Signature: _____ Date: _____

UNM Sandoval Regional Medical Center Volunteer Agreement

I have reviewed and understand all of the information provided by the UNM Sandoval Regional Medical Center regarding the Guest Services Volunteer Program and my responsibilities as a volunteer.

I understand that all UNM Sandoval Regional Medical Center records and patient records shall be treated as confidential information. I understand that as a UNM Sandoval Regional Medical Center volunteer I am bound by Federal, State and Local laws and regulations regarding medical records and governmental records.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE

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FOR OFFICE USE ONLY:

- Fingerprinting & Demographic Check _____
- Personal Interview _____
- Orientation Schedule/Date _____
- TB Test/Results _____
- Confidentiality Agreement _____
- Dress Code Policy _____
- Orientation Tests _____

Volunteer Position Schedule

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

In addition to filing out this application you must:

- Pass a Fingerprinting & Demographic check
- Schedule an interview with the Guest Services Volunteer Manager/Director
- Complete all required documents
- Complete Volunteer Dress Code
- Complete Workforce Member Confidentiality Agreement
- Complete TB Screening
- Attend & Complete a two day Orientation
- Complete a Department/Area specific orientation
- Complete Guest Services Volunteer Check List
- Be issued a security badge

***PLEASE BE SURE YOU HAVE COMPLETED THE APPLICATION IN ITS ENTIRETY.
INCOMPLETE APPLICATION WILL NOT BE PROCESSED.***

Mail To: UNM SRMC Guest Services Volunteer Department
3001 Broadmoor Blvd. NE, Rio Rancho, New Mexico 87144

Drop Off: UNM SRMC Guest Services Volunteer Department Main Desk of Hospital



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