

## **Guest Services Volunteer Department**

3001 Broadmoor Blvd. NE Rio Rancho, New Mexico 87144 Volunteer Office Tel: 505.994.7353

## Youth Volunteer Application

(Ages 16-17)

(This application will be kept confide		Date:			
Personal Contact Inform	nation				
Last Name:	First Name:		MI:	D.O.B.:	
Address:			_ City:		
State:	Zip Code:	-			
Home Phone:	Work:	Cell:			
E-mail Address:					
Parent and School Infor	mation				
Father's Name:		Mother's Name:			
Father's Work Phone:	Cell:	Mother's Work Phone:_		Cell:	
School:		Grade:	Grade Ave	erage:	
School Contact:		School Contact Phone	:		
Youth Program Informa	ition (please ch	eck the appropriat	e progra	m):	
Summer Youth Volunteer	Program (Mid-May t	o Mid-August each summe	er)		
Regular Youth Volunteer	Program (4 hours per	week for 9 months)			
Do you prefer a position with:	Patient Contac	ct Non-Patient	Con	tact Administrative Support	
General Information					
Hobbies, interests, or skills:					

Languages (fluent):								
English			Speak	Read	Write			
Spanish			Speak	Read	Write			
Other:			Speak	Read	Write			
How did you learn a	-				<u>.</u>			
Why are you interes	ited in Volunte	eering for UN	IM Sandoval R	egional Medio	cal Center?			
Any previous or curr	ent work exp	erience? Is so	o, where?					
Any previous Volunt	eer experienc	e? If so, whe						
What days & T	imes are y	you avail	able to vol	unteer?				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	]
Morning								1
Afternoon								i
Please be	e as specific as	possible. We	ask for a minim	num commitme	ent of 4 hours p	er week for 12	months.	
Volunteer St	atement	and Agi	reement					
l,		, ce	ertify that all of	f the informat	ion provided i	in this volunte	er applicatio	n is
true and correct to t	he best of my	knowledge.	I have reviewe	ed and unders	stand all of the	e information	provided by	the
UNM Sandoval Region	onal Medical (	Center regard	ding the Youth	Volunteer Pr	ogram and my	y responsibilit	ies as a volur	nteer. I
understand that all l	UNM Sandova	ıl Regional M	ledical Center	medical recor	ds and patien	t records shal	l be treated a	as .
confidential informa	ition. I further	understand	that as a UNIV	1 Sandoval Re	gional Medica	l Center Gues	t Services vo	lunteer
I am bound by Feder					_			
understand that any			_			_		
of patient confident								
dependable in order	-					-		
Printed Name:						Da	te:	
Signature:			GS Ren Sigr	nature:			Date:	

APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE

Please use the space below to write an essay answering these questions: (please attach a separate sheet if preferred) Why are you interested in healthcare? What attributes does a good volunteer or learner possess? What do you want to accomplish as a volunteer?

FOR OFFICE	USE ONLY:	
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o Letter of Reference	Volunteer Position Schedule
o Personal Interview	Day:
o Orientation Schedule/Date	
o TB Test/Results	Assignment:
o Confidentiality Agreement	Department Manager:
o Dress Code Policy	

## In addition to filing out this application you must:

- Enclosed one letter of reference from teacher, counselor, minister, or former employer
- 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
- 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

