

## Volunteer Services Application

*Please print and complete thoroughly; contact Volunteer Services if you need assistance in completing application, 406-863-3661*

### Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
 Work Phone: (     ) \_\_\_\_\_ May we contact you at work?  Yes  No  
 Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### Volunteer Area of Interest and Availability

Please consider me for the following volunteer areas:

- Greeting and helping Visitors/Families
- Helping Patients
- Mailings/Special Projects
- Office/Clerical
- Sewing/Crafts
- Errands/Delivery
- Answering Phones
- Dog Visitation Program
- Baking Cookie
- Bake Sales
- Watering Plants (inside/outside)
- Library
- The Shop (Gift Shop)
- Campus Litter Patrol
- Recycling Program
- Other \_\_\_\_\_

I'm interested in Volunteering in the following Departments:

- Administration
- Birth Center (Patient Care Area)
- Emergency Department (Patient Care Area)
- Fiscal and Patient Financial Services
- Health Information Management (Medical Records)
- Human Resources
- Imaging Services (Patient Care Area)
- Materials Management (Purchasing)
- Medical/Surgical (Patient Care Area)
- Pharmacy
- Surgical Services (Patient Care Area)
- Way-finding/Reception
- The Valley Café (Nutrition Services)
- Other \_\_\_\_\_
- Other \_\_\_\_\_

What date are you available to begin volunteering? \_\_\_\_\_

Maximum hours per week you would like to volunteer? \_\_\_\_\_

Schedule/Shift(s) Preferred:

Morning  Afternoon  Evening  No Preference  2 Hour Shifts  4 Hour Shifts  Other \_\_\_\_\_

Day(s) Available to Volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

### General Information

Education Level:  High School Diploma/GED  Vocational Training  Some College  College Degree: \_\_\_\_\_

Career History: \_\_\_\_\_

What prompted you to apply as a volunteer? \_\_\_\_\_

I was referred by a NVH Employee/Volunteer (Who?) \_\_\_\_\_

Have you ever been *Convicted, Pled Guilty or No Contest, or Forfeited Bond or Bail* for any crime other than traffic violations?  Yes  No  
 If yes, please list and explain all offenses; including date and location of offense(s).

*Please note that a conviction does not automatically bar candidates from volunteer opportunities:*

Type of crime: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Location of crime and court: \_\_\_\_\_

## Skills and Training Experience

Check only those skills that you possess; and rate your level of experience using the following rating scale of 1, 3 or 5:

1 = Little or no experience or training    3 = Some experience or training    5 = Extensive experience or training

Check	Skill/Training	Rating	Check	Skill/Training	Rating
	<b>Office/Clerical</b>			<b>General</b>	
<input type="checkbox"/>	10-Key Calculator	_____	<input type="checkbox"/>	Cooking/Baking	_____
<input type="checkbox"/>	Cashier	_____	<input type="checkbox"/>	Customer Service	_____
<input type="checkbox"/>	Data Entry	_____	<input type="checkbox"/>	Food Preparation	_____
<input type="checkbox"/>	Filing-Alphanumeric	_____	<input type="checkbox"/>	Barista (Making Coffees)	_____
<input type="checkbox"/>	Filing-Medical Terminal Digit	_____	<input type="checkbox"/>	Maintenance - General	_____
<input type="checkbox"/>	Inventory	_____	<input type="checkbox"/>	Shipping/Receiving	_____
<input type="checkbox"/>	Medical Terminology	_____	<input type="checkbox"/>	Small Power Tools	_____
<input type="checkbox"/>	Multi-line Phones	_____	<input type="checkbox"/>	Gardening	_____
<input type="checkbox"/>	Photo Copying	_____			
<input type="checkbox"/>	Receptionist	_____		<b>Computer Software</b>	_____
<input type="checkbox"/>	Scanning/Archiving	_____	<input type="checkbox"/>	MS Excel	_____
<input type="checkbox"/>	Typing/Keyboarding	_____	<input type="checkbox"/>	MS Outlook	_____
<input type="checkbox"/>	Switchboard/PBX	_____	<input type="checkbox"/>	MS PowerPoint	_____
	<b>Other Skills</b>	_____	<input type="checkbox"/>	MS Publisher	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	MS Word	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Other _____	_____

## Applicant Statement

**Authorization and Release:** I authorize the investigation of all matters that NVH deems relevant to my application to volunteer, including all statements made in this application, all attachments or supporting documents, and all interviews. I authorize NVH to request and receive all information it considers relevant, including current and former employments, education, and training. I release from all claims, liability, and damages all persons (such as current and former employers, supervisors, or coworkers) supplying information to NVH. I also release NVH, including its officers, employees and agents, from all claims, liability, and damages that arise from conducting any investigation.

**Verification:** I certify that the facts and information contained in this application are true and correct, including all attachments, supporting documents, and the contents of all interviews. I understand that any falsification, misrepresentation, misleading statement, or omission during the application process will result in denial of volunteer opportunities or, if discovered after starting a volunteer role, will constitute good reason for NVH to immediately terminate volunteer opportunity, regardless of when or how discovered.

**Volunteer Contingencies:** I understand that volunteering is contingent upon satisfactory references, outcome of a criminal background check and any other conditions that may be required by any government agency or NVH I will undergo initial TB skin testing as a condition of volunteering.

I understand that NVH can terminate my employment at any time during the Introductory Period, with or without cause and without advance notice.

**Signature:** By signing this Statement, I assure NVH that all verbal and written statements provided are true and accurate, and I agree to the conditions set forth in this Applicant's Statement. *Unsigned applications will not be processed.*

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date

*This section to be completed only if applicant is under the age of 18.*

### Consent of Parent or Guardian

**Volunteer Requirements:**

- 16 years of age or older
- Attend all training sessions as required
- Be responsible and dependable, as departments will be depending on you.
- Authorize a background check
- Consent to TB skin test administered by NVH
- Adhere to hospital dress code; includes wearing photo I.D.
- Conduct oneself in a professional manner at all times, adhering to our conduct policy
- May be photographed, interviewed and identified by name in photographs or new stories which authorities of North Valley Hospital consider appropriate and fitting for release.

Both my daughter/son and I understand the responsibilities and requirements of being a volunteer at North Valley Hospital.

I hereby give my consent for \_\_\_\_\_ to serve as a volunteer at North Valley Hospital.

Signature of Parent/Guardian: \_\_\_\_\_

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