



### Adult Volunteer Application

Today's Date: \_\_\_\_\_ Birthdate(MM/DD): \_\_\_\_\_ 18 or older?  Yes  No

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

#### Personal Interests - Tell Us About Yourself

Have you volunteered your time and talents at other organizations? If so, what did you enjoy about volunteering?

What interests you about volunteering at this hospital?

What are your interests and/or hobbies?

How many hours per week would you commit to volunteering at the hospital?

Do you have specific ideas about how you would like to spend your volunteer time? What are they?

#### Education and Work Experience

Current Employer: \_\_\_\_\_ Circle Last Grade Completed: \_\_\_\_\_

Work Phone: \_\_\_\_\_ High School 9 10 11 12 Graduation Date: \_\_\_\_\_

Position: \_\_\_\_\_ College 1 2 3 4 Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Name of School(s): \_\_\_\_\_

Skill/Preferences	Volunteer Work Preferences	Availability
<input type="checkbox"/> Domestic (e.g. sewing & crafts)	<input type="checkbox"/> With patients (circle adult or children)	Please Check the boxes for the days and times you are most often available to volunteer. <b>SHIFTS</b> S    M    T    W    T    F    S 8a-12p <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12p-4p <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4p-8p <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Public relations (communication)	<input type="checkbox"/> With visitors or families	
<input type="checkbox"/> Adaptability (variety of assignments)	<input type="checkbox"/> With other volunteers	
<input type="checkbox"/> Delivery (flowers, magazines, puzzles)	<input type="checkbox"/> Independently	
<input type="checkbox"/> Retail/Sales (gift shop, fundraising)	<input type="checkbox"/> In a reception area	
<input type="checkbox"/> Special projects (e.g. health fairs)	<input type="checkbox"/> Other _____	

Are you required to volunteer?  Yes  No If yes, by whom? \_\_\_\_\_ Hours required: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you ever been convicted, or pled guilty, including a plea of no contest to a criminal offence?  Yes  No

If yes, describe? \_\_\_\_\_

#### PERSON TO BE CONTACTED IN AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two local references: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential, all information that I obtain directly or indirectly concerning patients, doctors or staff, and not seek to obtain confidential information.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall submit to an annual tuberculin skin test and any other health examination which may be necessary as part of my volunteer services.
4. I agree, as an adult 18 years or older, to submit to the required background screening.
5. I understand I will be required to complete safety education annually.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, and endeavor to make my role as a volunteer professional in quality.
7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
8. I shall at all times uphold the philosophy and standards of the hospital.
9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) inappropriate behavior, work appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them as well as all hospital policies and procedures with The Valley Health System.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

### Which hospital(s) are you interested in volunteering for?

**Centennial Hills Hospital**  
6900 N Durango Drive  
Las Vegas NV 89143  
Ph:702-835-9860  
Fax:702-629-1650  
www.centennialhillshospital.com

**Spring Valley Hospital**  
5400 S Rainbow Blvd  
Las Vegas NV 89118  
Ph:702-853-3538  
Fax:702-853-3057  
www.springvalleyhospital.com

**Summerlin Hospital**  
657 Town Center Drive  
Las Vegas NV 89144  
Ph:702-233-7532  
Fax: 702-233-7599  
www.summerlinhospital.com

**Desert Springs Hospital**  
2075 E Flamingo Rd  
Las Vegas NV 89119  
Ph:702-369-7782  
Fax:702-853-8571  
www.desertspringshospital.com

**Valley Hospital**  
620 Shadow Lane  
Las Vegas NV 89106  
Ph:702-388-4574  
Fax:702-388-4750  
www.valleyhospital.net

**Henderson Hospital**  
1050 Galleria Drive  
Henderson NV 89011  
Ph:702-963-7584  
Fax:702-963-7555  
www.hendersonhospital.com