



Application for Volunteering

San Juan Regional Medical Center has a successful volunteer program and is committed to providing a rewarding experience for our volunteers, while providing a safe environment for our patients. For this reason, we seek people who love to help people and want to give back to their community. Our volunteers become part of the SJRMC team and follow most of the same rules and requirements as employees. This includes an application and screening/background check and interview process. If placement occurs, orientation and training will be required. Because of the time commitment and expense to place our volunteers, we ask for a long term commitment of our volunteers (at least 6 months and 50 hours or more) and cannot accommodate short term placement unless it is the Summer VolunTeen Program.

PLEASE PRINT

Name: _____ Date: _____

 First, Middle, Last _____ Maiden or Previous _____
 Social Security No: _____ DL & State: _____
 Current Address/City _____
 Primary Phone: _____ Other: _____
 Email: _____

- I am applying to be a teen volunteer, and am between the ages of 14-17
 (see parental consent section at bottom of application, **which must be signed**)
- I am 18 or older, and am applying to be an adult volunteer.

Current Employment

Company _____ Address _____
 Supervisor _____ Phone _____
 Start Date _____ End Date _____

Previous Employment

(Please account for the past 10 years, use back of sheet if necessary)

Company _____ Address _____
 Supervisor _____ Phone _____
 Start Date _____ End Date _____

Volunteer Activities

Organization _____ Address _____
 Contact _____ Phone _____
 Types of activities/services provided: _____

Education

High School _____ City/State _____
College _____ City/State _____
Degree _____
Achieved _____

Are you volunteering in order to fulfill requirements for a Senior Project? Yes No

If you are a teen, what year will you graduate? _____

If you are trying to complete Senior Project or shadowing requirements, it is recommended that you contact Volunteer Services at 609-6156 before proceeding with application process.

Interests

Please list and hobbies, sports or special interests: _____

Why are you interested in volunteering at SJRMC? _____

Do you know someone who volunteers with us? _____

How did you hear about us? _____

Please note: If you are required to volunteer due to a work study program, school requirement, or any other program, it is recommended that you contact Volunteer Services first before you complete this application, as we may not be able to accommodate your program. We are unable to place people who are required to fulfill community service hours.

Personal References

Please include **three** personal letters of reference with your application from people who can vouch for you character, values, etc., **who are not family members**. This may include people you have worked with, teachers, church members, etc.

This application CANNOT be processed without reference letters.

Have you ever been convicted of a felony? Yes No

If yes, please list details: _____

Volunteer Obligations

I understand that as a volunteer, there is no financial compensation associated with the service provided to San Juan Regional Medical Center, and such service would be provided for humanitarian or charitable reasons, and that volunteering at SJRMC does not guarantee any employment opportunities. I also understand that if I am placed as a volunteer at SJRMC, I agree to abide by all regulatory requirements including patient confidentiality, health screenings, and all policies and procedures. I understand that I am obligated to wear the authorized volunteer uniform and badge while on duty.

Signature of Applicant _____

Date of signature _____

PARENTAL CONSENT

As a parent/guardian of above applicant, I consent to allow _____ to volunteer at SJRMC under the terms listed. Additionally, I understand that transportation is not the responsibility of SJRMC, and that once a volunteer leaves the campus of SJRMC, they are no longer under the responsibility of SJRMC. I also consent to the following requirements:

- o Two step TB test, annual flu vaccine, proof of two Varicella (chicken pox) vaccines or titer, proof of two MMR vaccines or titer, or any other health requirement of SJRMC
- o Background check, to include fingerprinting
- o Consent for photos of volunteer to be used for recognition, and or volunteer recruitment purposes

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Phone

SJRMCC complies with the Civil Rights Act of 1964, the Age Discrimination Act of 1967, the Rehabilitation Act of 1973, and the American Disabilities Act of 1990.

PLEASE RETURN COMPLETED APPLICATION TO:

San Juan Regional Medical Center - Attention: Volunteer Services

801 West Maple Farmington, NM 87401

Fax to (505)609-6126, or email to tbecker@sjrmc.net

For more information, please contact Volunteer Services at (505) 609-6156.



The mission of the Auxiliary is the personalize care by providing compassionate assistance and comfort to those most in need, without prejudice or pride. We will strive to use our talents with fundraising and service to benefit SJRMC and our community.



Office USE:

DOB: _____

DL & State: _____

Parking Permit No.: _____

Category: _____

Service Placed: _____