



Volunteer Services Program

Welcome!

We want to make your experience here at Yuma Regional Medical Center (YRMC) a valuable one. As a volunteer, we are sure you will soon experience the satisfying rewards that only service to others can bring. The information provided below will help you through the acceptance process. Should you have any additional questions regarding the application process, please call the Volunteer Office at **928-336-7462**. Thank you for your interest, and we look forward to getting to know you better in the days ahead.

Elizabeth Hammonds, Volunteers Services Officer

Volunteer Eligibility:

- The potential volunteer must meet the minimum age requirement of 15 years.
- Parental Consent required for JR volunteers 15-17 years old.
- There is no maximum age limit for an adult volunteer.
- Volunteer at least four (4) hours per week, for a minimum of six (6) months. JR volunteers are required to volunteer at least (4) hours per week, for a minimum of one semester or during Summer Program.
- Background investigation forms will be completed at Orientation for Adult volunteers 18 and above.
- We provide on the job training for all volunteer service positions.
- **The hospital will not accept volunteers for mandated court-ordered community service.**

How to apply: Complete Volunteer Application (*both sides*) and return or mail to Volunteer Services. JR volunteers must provide a copy of their immunization records. **Attach to application.** For additional volunteer information visit www.yumaregional.org and click on "volunteers".

References: Attach to letters of reference to application.

JR Volunteers and College Students Provide (1) recommendation letter from, teacher, counselor or coach.

Adult Volunteers: Provide (1) character/Personal reference letter, not including family members.

Once your application is received in our Volunteer Office:

- You will be mailed an orientation letter with information about our orientation class. (Please allow 2 weeks to process your application)
- The basic "nuts and bolts" of our volunteer program will be covered during the volunteer orientation, including Volunteer Department guidelines, uniform requirements, Infection Prevention/control, safety procedures, Corporate Compliance, Confidentiality.
- After orientation, you will schedule a time to meet one-on-one within the next week with a member of our staff to discuss expectations for volunteers, opportunities for service, your areas of interest, and the final steps to become an YRMC volunteer.
- After your meeting, you will be asked to complete the health screening requirements of the hospital, which includes a 2-step TB screening and check your immunity for Measles, Rubella and Chicken Pox. These are required before you may start working in your assigned area and at no cost to you.



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VOLUNTEER SERVICES APPLICATION

Please return completed application to:
YRMC Volunteer Services
2400 S. Ave A
Yuma, AZ 85364
928-336-7462

Date: _____

- Adult Volunteer: 18 and over Adult Volunteer 18 and in High school
 College Volunteer 18 and over JR Volunteer 15-17 years old

Last Name: _____ First Name: _____ MI: ___ Nickname: _____

Home Phone: _____ Cell Phone: _____

Social Security Number _____ *Last four digits only.*

Home Address: _____ email address: _____

Mailing Address (if different than home address): _____

City: _____ State: _____ Zip Code: _____

Are you available year round? Yes No if no, what months are you available to volunteer?

Please list months: _____

Why do you wish to volunteer?

How did you learn about our volunteer program? Newspaper/TV Community Event

Staff /Volunteer: Name of volunteer/staff that referred you: _____

Have you previously worked or volunteered at YRMC? Yes No

If yes, when? _____ Department: _____ Title: _____

Work Status: Employed Unemployed Retired Student (High School/College)

Are you currently employed? Yes No If yes, Employer: _____

Position: _____ Phone: _____

Previous Volunteer/Community Work: _____

Besides English, what other language do you speak? _____

Educational Background: _____

Presently enrolled as a student? Yes No If yes, where? _____

Please list any education, special training, or talents you have which would be significant as a volunteer.

VOLUNTEER AVAILABILITY: Please check all available days and times to help us find the best placement for you. Usual Shift Times: Morning: 7 or 8-12 or 1; Afternoon: 12 or 1-5; Evening: 5-8

Please check with an X the times you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

WHERE WOULD YOU LIKE TO VOLUNTEER? Please check all areas that interest you.

- Patient Contact
 Non-Patient Contact
 Public contact
 Non-Public contact
 Beverage/Book Cart
 Nursing Unit
 Clerical/Office
 Courtesy Cart Driver
 Gift Shop/Corner Stork Café/Daily Grind
 Tender Touch Program
 Warehouse/Print Shop
 *Internship
 *Patient and Family Partner
 *Pet Partners Program

**These program requires prior approval and an additional application specific to the program. Call 336-2005 for additional details regarding these unique programs.*

Is there a specific area where you would like to volunteer, if so, where? _____

SPECIAL PROJECTS: Are you willing to be called for special hospital projects outside of your regular volunteer hours? Yes No If yes, may we add you to our volunteer enews? Yes No

Do you have any current disability requiring restricted activity, which may limit your ability to perform the work of a volunteer? Yes No If yes, please state restriction:

 Name of your Physician: _____ Phone: _____

IN CASE OF AN EMERGENCY WHO SHOULD WE CONTACT:

Name _____ Phone/Cell: _____ Relationship: _____

REFERENCES:

Adults: Please attach (1) character/personal reference letter and list one other of your choice, not including family members

JR's/College Students: Please attach (1) recommendation letter from a teacher, counselor or coach and list one other of your choice.

Additional Reference Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of a criminal offence? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain the offense, the disposition of the offense and the circumstances surrounding the offense or offenses. _____

 A conviction does not automatically mean you cannot be accepted. What you were convicted of, how old the conviction is, and the nature of the positions for which you are applying are important. Please give all the facts so that a decision can be made.



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CODE OF ETHICS /RULES ACCEPTANCE

VOLUNTEER COMMITMENT TO CONFIDENTIALITY SERVICE

I understand that my services are donated to YRMC without contemplation of compensation, or future employment and given for humanitarian or charitable reasons. I verify the preceding information on this application is true. I understand that there are many types of volunteer opportunities with YRMC, and that I will be required to complete an orientation, complete the Volunteer Health screening, and additional training that service assignments will require. Yuma Regional Medical Center is hereby authorized to check references as supplied to -verify the above information. I understand that if accepted in a volunteer position at YRMC I am subject to dismissal if any of the information on this application is false or has been omitted, and that I may be required to furnish documents supporting statements herein. I also understand I will be required to pass a background check.

I do solemnly pledge that I will hold in strictest confidence all personal matters committed to my keeping or any information regarding any patient I may have contact with or knowledge about. I will not divulge to anyone within or without the hospital any action of any patient, employee or member of the medical staff. I agree to perform my volunteer duties to the best of my ability. I agree to adhere to all YRMC policy and procedures. I agree to meet time and duty commitments or to provide adequate notice so that alternate arrangements may be made.

Applicant's Signature: _____ Date: _____

Parental Consent form for JR Volunteers (15-17)

I give my consent for my child to serve as a JR volunteer at Yuma Regional Medical Center with the understanding that my child may be exposed to life situations such as witnessing a birth or death. I am aware that all volunteers will go through a health screening process. I give my consent for a TB health screening. I do understand all information will be confidential and that I will not be charged for this service as it is a requirement for the program. I have attached a copy of my child's immunization records.

All volunteers are required to be screened for tuberculosis (TB). A volunteer must have an initial (2) step (TB) skin test two weeks apart and then annually. If your child tested positive to the skin test a chest x-ray will be required at no cost to you.

Has your child ever had a positive reaction to a TB skin test? Yes No

If you marked Yes, do you give permission for your child to have a chest X-ray? Yes No

If you marked No, do you give permission for your child to have the TB skin test? Yes No

In case of an emergency and a parent or guardian cannot be reached, the emergency room physician has my permission to provide emergency treatment. Yes No

Parent/Guardian signature _____ Date: _____