

Volunteer Application

Prescott Campus 928-771-5678 Prescott Valley Campus 928-442-8678

Last Name	First Name			MI			
Last Name	·	not rame		IVII			
Mailing Address	(City	State	Zip Code			
Phone	Cell		Email Ad	dress			
Birthdate			•	nteer location (one or both)			
Month Day	Year	☐ West Camp	•				
•			ous (Prescott Va				
Have you ever been convicted							
If Yes, please explain (A "Yes" response does not necessarily disqualify an applicant from being a volunteer at YRMC)							
In Emergency Notify							
Nama		Dolotionobir	_				
	Relationship						
Home Phone	Work Phone Cell						
Prior Work Experience							
Volunteer							
Business							
Hobbies/Personal Interests							
Why did you choose to volunteer at YRMC?							
How did you hear about the YF	RMC Volunteer Pr	ogram? Please inc	dicate:				
·				☐ Employer ☐ Friend			
□ Newspaper □ TV/Radio □ Walk-In □ Other (specify) □ N/A							
Please indicate day(s) and time(s) you are able to volunteer at YRMC							
Do you have any health proble	ms which might li	mit your ability to fu	ılfill certain volur	nteer assignments?			
☐ Yes ☐ No If "Yes", please explain							

Have you ever had or do you now have any of the following?	No	Yes	Physician Information			
 ✓ Dizziness or fainting spells ✓ Chest pains or palpitations ✓ Seizures ✓ Tuberculosis 			Please provide your physician's contact information.			
✓ Diabetes✓ Are you on medication✓ Skin infection			Physician's Phone:			
 ✓ Back aches or back surgery ✓ High blood pressure ✓ Are you on medication 			Physician's Phone:			
YRMC MISSION, VISION, VALUES						
MISSION To provide comprehensive, high quality	ty healthcare co	onsistent with o	ur communities' needs.			
VISION Creating a "Total Healing Environment"; an environment wherein the people of YRMC work in partnership with the patients and their families seeking peace of mind and peace of heart as well as physical cure or comfort because we understand the indivisible relationship that exists between body, mind, and the human spirit.						
VALUES RESPECT: Behaving in a way that honors self and others. INTEGRITY: Being consistent and honest in word and deed. ACCOUNTABILITY: Following through and being answerable for one's performance. COMMITMENT: Demonstrating dedication to one's work, personal development, the organization, the mission and the vision. QUALITY: Providing service excellence.						
Required Parental/Guardian Permission for Volunteers under age 18 I hereby give my permission for my son/daughter to perform supervised volunteer duties as assigned by the Volunteer						
Services Department at YRMC.						
Printed Parent or Guardian Name	Signatu	re	Date			
Believing that Yavapai Regional Medical Center has need of my services as a volunteer, I agree to: Adopt the YRMC Mission, Vision and Values as a guide to my behavior and attitude while volunteering at the Medical Center. Hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, physicians and personnel, and I will not seek confidential information regarding a patient. Perform my work as a volunteer to be of the highest quality. Donate my services to YRMC without contemplation of compensation. I hereby certify that all answers given by me on this application are true to the best of my knowledge. I understand that my acceptance as a YRMC Volunteer is contingent on my successful completion of the application and orientation						
process, which includes background/ref	erence checks,	and I hereby re	elease YRMC and all others from any liability from on, anything contained in this application is found to			
Applicant's Signature	licant's Signature Date					