



**Dignity Health**<sup>®</sup>  
Yavapai Regional Medical Center

## Volunteer Application

Prescott Campus  
928-771-5678

Prescott Valley Campus  
928-442-8683

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Birthdate  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please select your preferred volunteer location (one or both)

- West Campus – Prescott  
 East Campus – Prescott Valley

Have you ever been convicted of a felony or an offense related to healthcare?  No  Yes  
*If Yes, please explain ("Yes" response does not necessarily disqualify an applicant.)*

Are you currently excluded or have ever been excluded from participation in federal healthcare programs?

No  Yes

### In Emergency Notify

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you have any health problems which might limit your ability to fulfill certain volunteer assignments?

No  Yes *If "Yes, please explain:*

### Prior Work Experience

Volunteer \_\_\_\_\_

Business \_\_\_\_\_

Hobbies/Personal Interests

Why did you choose to volunteer at Dignity Health, YRMC?

How did you hear about the Dignity Health, YRMC Volunteer Program? Please indicate:

- Current Dignity Health, YRMC volunteer (please list name) \_\_\_\_\_  Employer  Friend  
 N/A  Newspaper  TV/Radio  Walk-in  Other (specify) \_\_\_\_\_

Please indicate day(s) and time (s) you are able to volunteer at Dignity Health, YRMC

**Volunteer Services Department Mission Statement**

**MISSION**

The Volunteer Services Department of Dignity Health, YRMC was established to develop and maintain an efficient and compassionate staff of volunteers who offer an extra dimension of care and service to patients, empathy for families and visitors and supportive services for Dignity Health, YRMC's employees, while providing meaningful service opportunities for our volunteers.

**Required Parental/Guardian Permission for Volunteers under age 18**

*I hereby give my permission for this applicant to perform supervised volunteer duties as assigned by the Volunteer Services Department at Dignity Health, YRMC.*

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Believing that Dignity Health, Yavapai Regional Medical Center has need of my services as a volunteer, I agree to:*

- Adopt the Dignity Health, 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 Dignity Health, 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 my acceptance as a Dignity Health, YRMC Volunteer is contingent on my successful completion of the application and orientation process, which includes background/reference checks. I hereby release Dignity Health, YRMC and all others from any liability from damage which may result from such investigation, if, upon investigation anything contained in this application is found to be untrue.*

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

Date \_\_\_\_\_