We ask for a **MINIMUM** commitment of 144 hours over a 9 month period. (Approx. one 4 hour shift per week)

What days and times are you available to volunteer?

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<td>AM 8-12pm</td>
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<td>PM 12-4pm</td>
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<td>Evening varies</td>
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</table>
Volunteer Signature:____________________________________________
Date:_________________________________________________________

Presbyterian

New Mexico and in partnerships across the United States and committing to GROW to serve more patients and members in the Presbyterian Promise, supporting our workforce to THRIVE.

Lead the nation in improving health and healthcare by delivering

OUR STRATEGY

members and each other — Patients and Members

Serving — Serve

Respect — Respect

Engage — Engage

Keep my commitments and collaborate — be accountable

Be accountable — be accountable

As one Presbyterian, we commit to:

Earn the letter through the Presbyterian Promise:

Patients, members and communities we serve.

OUR VISION AND VALUES

OUR PURPOSE
Presbyterian Volunteer Services reserves the right to refuse any applicant.

**Personal Contact Information**  Social Security # _____________________ DOB: ____________

Last Name:_________________________ First:_____________________________ MI: ________

Address:_________________________ City:______________ State:_______ Zip Code: __________

E-mail: ________________________________________

Cell Phone:_________________ (Optional) Home:_________________ Work:_________________

**Emergency Contact Information**

Name:_________________________________________________________ Relationship:______________________

Home Phone:_____________________________ Work:__________________________ Cell:__________________

Name:_________________________________________________________ Relationship:______________________

Home Phone:_____________________________ Work:__________________________ Cell:__________________

**General Information**

Hobbies, interests, or skills:_______________________________________________________
____________________________________________________________________
____________________________________________________________________

How did you learn about our program?
_______________________________________________________________________________
_______________________________________________________________________________

Any previous or current work experience? If so, where?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Are you a current/past PHS employee? Yes _____  No _______

Any previous volunteer experience? If so, where?
_______________________________________________________________________________
_______________________________________________________________________________

Is volunteering a requirement for school? If so, how many hours are required and what is the deadline?
_______________________________________________________________________________
_______________________________________________________________________________

Why are you interested in volunteering for Presbyterian Healthcare Services? (Please be specific. We use this information to match you with the appropriate department.)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Do you have CPR certification?___ If so, please include a copy with application.

Certification is required for Emergency Department and Radiology volunteers.
The Presbyterian Healthcare Services Volunteer Program is available to all, without regard to race, ancestry, color, sex, gender identity or expression, sexual orientation, national origin, physical or mental disability, marital status, genetics, protected veteran status or other protected classifications.

Medical Information

Required: Please specify in detail any special needs, allergies or medical conditions (including behavioral or learning-related) that PHS needs to be aware of:

______________________________________________________________________________________________
______________________________________________________________________________________________

We appreciate advance notice so that we can do our best to provide reasonable accommodations.

Volunteer Statement and Background Check Authorization

I certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I authorize PHS to conduct any and all inquiries necessary to determine my acceptability as a volunteer, including a thorough background check. I understand that this background check may include verification of personal and/or employment references, military information, or police record inquiries.

Signature: X________________________________________ Date:__________________

PHS Volunteer Agreement

I have reviewed and understand all of the information provided by the Presbyterian Healthcare System regarding the Volunteer Program and my responsibilities as a volunteer.

As a volunteer, I understand and acknowledge that my service as a PHS volunteer is completely voluntary and I will perform my role without any promise, expectation, or receipt of compensation. I further understand and acknowledge that I may decline to perform any task I do not feel comfortable performing, and/or to terminate my volunteer service at any time without penalty.

I understand that all Presbyterian Healthcare System medical records and patient records shall be treated as confidential information. I further understand that as a Presbyterian Healthcare System volunteer I am bound by Federal, State and Local laws and regulations regarding medical records and governmental records.

I UNDERSTAND THAT I AM COMMITTING TO A MINIMUM OF 144 HOURS OF SERVICE.

Printed Name:_________________________________Signature: X_________________________________Date:___________

APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURES (above)

FOR OFFICE USE ONLY:

☐ Criminal Background Check ____________ | ____________
☐ Criminal Background Check ____________ | ____________
☐ Follow-up/App Forwarded ______________ | ____________
☐ Personal Interview ____________________ | ____________
☐ Orientation Scheduled/Date ______________

Volunteer Position Schedule

Day:_______________________________________________________
Time/Shift:___________________________________________
Assignment:___________________________________________
Department Manager: ________________________________

In addition to filling out this application in order to start you must:

• Pass criminal background checks.
• Schedule a brief interview with a Volunteer Manager.
• Receive an invitation to attend the General Volunteer Orientation.
• Submit proof of a negative TB Skin Test within the last year and immunization records.
• Complete a Department/Area specific orientation.
• Be issued a security badge.

PLEASE BE SURE YOU HAVE COMPLETED THE APPLICATION IN ITS ENTIRETY.

MAIL TO: PRESBYTERIAN VOLUNTEER SERVICES, PO BOX 26666, ALBUQUERQUE, NM 87125
OR FAX TO: 505-841-1858 OR EMAIL: PHSVOLUNTEER@PHS.ORG