



Volunteer Services Department

As a new volunteer recruit to Dignity Health, YRMC, we know you will be anxious to get started with this new career you are exploring. We certainly look forward to having you join us as quickly as possible. The following is an outline of the process necessary prior to joining our team.

The Commitment

- Volunteer positions require a commitment of service and typically consists of one 4-hour shift a week: 8 am – noon, noon – 4 pm, or 4 pm – 8 pm, although there are some positions with a more flexible schedule.

The Interview

- Prior to orientation, please contact the Volunteer Services office to arrange an interview. This will enable us to compare your interests and availability with our volunteer openings.
 - West Campus (Prescott): 928-771-5678
 - East Campus (Prescott Valley): 928-442-8683

Volunteer Orientation

- For your protection and to meet governing regulations, EVERY new volunteer must attend a required orientation session. You will find this to be true no matter where you decide to give your time, but it is especially essential when working in a healthcare environment. The session includes information on infection control, site safety, personnel policies and more.
 - Orientations are scheduled at the time of your interview or will be scheduled for a future date determined at the interview.

Vaccine Requirements *(required prior to beginning your service. Further details regarding requirements, hours and location will be shared at the interview)*

- **Tuberculin skin test:** Two step TB testing is provided by DH, YRMC.
- **MMR, Varicella & Tdap:** Proof of vaccination record or DH, YRMC will provide laboratory titers.
- **COVID-19 Vaccination Required:** Please bring proof of vaccination to interview: CDC or WHO vaccination card or medical record proof of vaccination. If you have not, or do not plan to be vaccinated, additional information will be provided at the interview.
- **Annual Flu Vaccine** *(During Flu Season):* Proof of vaccination or if you decline the flu shot, you will be provided a declination form to sign and complete.

Department Training

- You will receive on the job training in the department where you plan to work. Because we always strive to provide the best patient care and service, we know proper training is key to utilizing our volunteers to best serve our patients. Most areas have a Volunteer Chair who will handle the scheduling and training of volunteers in their area.

Paperwork

- In addition to the application form, which should be completed and brought to your interview, please print two reference forms which can be given to and filled out by individuals who can answer the questions listed. These can be brought along to your interview or orientation; they can also be mailed to the address provided on the form.

We look forward to meeting you and are happy to welcome you to our family of volunteers at Dignity Health, Yavapai Regional Medical Center.



Dignity Health[®]
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 _____