



VOLUNTEER SERVICES DEPARTMENT
 P.O. Box 26666, Albuquerque, NM 87125
 Volunteer Office Tel: 505-841-1501 FAX: 505-841-1858

Youth Volunteer Application

(This application will be kept confidential.)

(Ages 15-17)

Date: _____

Personal Contact Information

Last Name: _____ First: _____ MI: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____ E-mail: _____

Parent and School Information

Father's Employer: _____ Mother's Employer: _____

Father's Work Phone: _____ Cell: _____ Mother's Work Phone: _____ Cell: _____

School: _____ Grade: _____ Grade Average: _____

School Contact: _____ School Contact Phone: _____

Youth Program Information (please check the appropriate program):

Summer Youth Volunteer Program (Mid-May to Mid-August each summer)

Regular Youth Volunteer Program (4 hours per week for 9 months)

Do you prefer a position with: Patient Contact Non-Patient Contact Administrative Support

General Information

How did you learn about our program? _____

Why are you interested in volunteering for Presbyterian Healthcare Services? _____

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

Any previous Volunteer experience? Is so, where? _____

Hobbies, interests, or skills: _____

Languages (fluent): English Speak Read Write

Spanish/Other _____ Speak Read Write

What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please be as specific as possible. We ask for a minimum commitment of **four hours** per week for **nine months**.

Medical Information

The Presbyterian Healthcare Services Volunteer Program is available to all, without regard to race, color, national origin, disability, gender, political affiliation or religion.

Are you currently being treated for any medical conditions that Volunteer Services should know about? Yes No

If so, please list them: 1. _____ 2. _____ 3. _____

Are you currently taking any medications that Volunteer Services should know about? Yes No

If so, please list them: 1. _____ 2. _____ 3. _____

Volunteer Statement and Agreement

I, _____, certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I have reviewed and understand all of the information provided by the Presbyterian Healthcare Services regarding the Youth Volunteer Program and my responsibilities as a volunteer.

I understand that all Presbyterian Healthcare Services medical records and patient records shall be treated as confidential information. I further understand that as a Presbyterian Healthcare Services volunteer I am bound by Federal, State and Local laws and regulations regarding medical records and governmental records. I also understand that any information regarding patients must not be discussed either in or out of the facility and any breach of patient confidentiality is cause for my immediate dismissal.

I will cheerfully accept responsibility to be punctual and dependable in order to perform my assignments and to abide by the standards of ethics and confidentiality.

Printed Name: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Signature: X _____ **PHS Rep Signature:** _____ **Date:** _____

APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE

Please use the space below to write an essay answering these questions: (please attach a separate sheet if preferred)
Why are you interested in healthcare? What attributes does a good volunteer or learner possess? What do you want to accomplish as a volunteer?

Large empty rectangular box for writing an essay.

FOR OFFICE USE ONLY:

- Letter of Reference/TB Form _____
- Personal Interview _____
- Orientation Scheduled/Date _____
- TB Test/Results _____
- Compliance and Ethics Test/Results _____

Volunteer Position Schedule

Day: _____
Time/Shift: _____
Assignment: _____
Department Manager: _____

In addition to filling out this application you must:

- Enclose one letter of reference from a teacher, counselor, minister or former employer.
- Enclose a "Parent Permission Form for TB Screening".
- Receive an invitation for a brief interview with the Volunteer Program Manager.
- Receive an invitation to attend the General Volunteer Orientation.
- Submit proof of a negative TB Skin Test within the last year.
- 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