



**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?

**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**