# YAVAPAI REGIONAL

# Volunteer Application

MEDICAL	CENTER				
Proudly Caring for We		Prescott Campus 928-771-5678	Prescott Valle 928-442-8		
Last Name	First Name		MI		
Mailing Address	City	State	Zip C	ode	
Phone	Cell	Email Ad	ddress		
Birthdate Month Day	Please select your preferred volunteer location (one or both)     Vear   Vear     Year   East Campus (Prescott Valley)				
Have you ever been convicted If Yes, please explain (A "Yes" re-	of a felony or an offense rel	ated to healthcare $\Box$ )	∕es □No	r at YRMC)	
In Emergency Notify					
Name	Rel	ationship			
Home Phone	Work Phone	C	Cell		
Prior Work Experience Volunteer					
Business					
Hobbies/Personal Interests					
Why did you choose to volunte	er at YRMC?				
How did you hear about the YRMC Volunteer Program? Please indicate:			Employer	☐ Friend	
□ Newspaper □ TV/Radio □ Walk-In □ Other <i>(specify)</i>			□ N/A		
Please indicate day(s) and time	e(s) you are able to voluntee	er at YRMC			
Do you have any health proble	ms which might limit your at	pility to fulfill certain volu	nteer assignme	nts?	
Yes No If "Yes", plea		-	Ŭ		

Have you ever had or do you now have any of the following?	No	Yes	Physician Information
<ul> <li>✓ Dizziness or fainting spells</li> <li>✓ Chest pains or palpitations</li> </ul>			Please provide your physician's contact information.
✓ Seizures			
<ul> <li>✓ Tuberculosis</li> <li>✓ Diabetes</li> <li>✓ Are you on medication</li> </ul>			Physician's Name:
<ul> <li>✓ Skin infection</li> <li>✓ Back aches or back surgery</li> <li>✓ High blood pressure</li> <li>✓ Are you on medication</li> </ul>			Physician's Phone:

## YRMC MISSION, VISION, VALUES

#### MISSION

To provide comprehensive, high quality healthcare consistent with our communities' needs.

#### VISION

Creating a "Total Healing Environment"; an environment wherein the people of YRMC work in partnership with the patients and their families seeking peace of mind and peace of heart as well as physical cure or comfort because we understand the indivisible relationship that exists between body, mind, and the human spirit.

#### VALUES

RESPECT:	Behaving in a way that honors self and others.
INTEGRITY:	Being consistent and honest in word and deed.
ACCOUNTABILITY	Following through and being answerable for one's performance.
COMMITMENT:	Demonstrating dedication to one's work, personal development, the organization, the mission and
	the vision.
QUALITY:	Providing service excellence.

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

I hereby give my permission for my son/daughter to perform supervised volunteer duties as assigned by the Volunteer Services Department at YRMC.

Printed Parent or Guardian Name

Signature

Date

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

- Adopt the 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.
- o Donate my services to 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 that my acceptance as a YRMC Volunteer is contingent on my successful completion of the application and orientation process, which includes background/reference checks, and I hereby release 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 \_\_\_\_\_