



# YAVAPAI REGIONAL MEDICAL CENTER

*Proudly Caring for Western Yavapai County*

## Volunteer Application

Prescott Campus  
928-771-5678

Prescott Valley Campus  
928-442-8678

Last Name		First Name		MI
Mailing Address		City	State	Zip Code
Phone	Cell	Email Address		
Birthdate Month _____ Day _____ Year _____		Please select your preferred volunteer location (one or both) <input type="checkbox"/> West Campus (Prescott) <input type="checkbox"/> East Campus (Prescott Valley)		
Have you ever been convicted of a felony or an offense related to healthcare <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain (A "Yes" response does not necessarily disqualify an applicant from being a volunteer at YRMC)</i>				
<b>In Emergency Notify</b>				
Name _____		Relationship _____		
Home Phone _____		Work Phone _____		Cell _____
<b>Prior Work Experience</b>				
Volunteer _____				
Business _____				
Hobbies/Personal Interests				
Why did you choose to volunteer at YRMC?				
How did you hear about the YRMC Volunteer Program? Please indicate:				
<input type="checkbox"/> Current YRMC volunteer (please list name) _____		<input type="checkbox"/> Employer		<input type="checkbox"/> Friend
<input type="checkbox"/> Newspaper		<input type="checkbox"/> TV/Radio		<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> N/A		
Please indicate day(s) and time(s) you are able to volunteer at YRMC				
Do you have any health problems which might limit your ability to fulfill certain volunteer assignments?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please explain</i>				

