

# PSMC VOLUNTEER APPLICATION

## **Pagosa Springs Medical Center Volunteer Opportunities**

Volunteers assist the hospital staff in order to enhance and support the hospital's commitment to quality patient care. Volunteers add a personal dimension to patient and family hospital visits. The staff can more easily attend to medical care when volunteers assist them with these essential tasks. Volunteers serve as the ambassadors and liaisons between the hospital and community.

### **Meet and Greet:**

1. Greet visitors and patients upon arrival
2. Provide visitor and patients with information as needed
3. Direct patients and visitors to the appropriate department or office

### **Patient Escort:**

1. Transport patients to/from the lab, x-ray or other departments
2. Escort or direct patients and family members to the proper place in the Hospital or Clinic

### **Administrative Duties: (Future possibility)**

1. Maintain volunteer scheduling
2. Maintain volunteer telephone tree; use as directed
3. Provide clerical assistance, as needed

### **Waiting Room Attendant:**

1. Duties as assigned by staff
2. Create and maintain magazine/book library for patients
3. Transport patients to the lab, x-ray, and clinic departments by wheelchair, as needed
4. Clerical assistance, as needed

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## **Pagosa Springs Medical Center Volunteer Application Information**

Volunteers can assist in nearly every department of the hospital. Volunteers perform such duties as: patient transport, running errands, directing patients and visitors, greeter, and waiting room attendant.

All applications are processed and reviewed. Once accepted, applicants must complete the following:

- Schedule a personal interview with the volunteer coordinator to discuss placement options
- A background check
- A health screening and TB test
- Attend Orientation
- Receive on-the-job training in the volunteer position

## **Frequently asked questions**

### **How much time would I have to commit?**

Volunteers are asked to volunteer for 25 or more hours of service per year.

### **What do volunteers wear?**

Volunteers are required to wear business casual clothing and comfortable shoes.

### **Does it cost anything to volunteer?**

No, it does not cost anything to volunteer.

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## Personal Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Personal History (circle one)

Are you legally eligible to work in the United States? Yes or No

Have you ever been convicted of, or entered a plea of guilty or nolo contendere to a felony, misdemeanor criminal charge or local non-ordinance including one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole? Yes or No

Have you ever been made subject of a complaint or investigation concerning alleged child or elder abuse or neglect, or listed on the disqualification list maintained by this or any other state? Yes or No

Have you ever been employed by the Upper San Juan Health District/Pagosa Springs Medical Center? Yes or No

If so, please specify:

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_

Did someone refer you to Pagosa Springs Medical Center? If so, please specify that person and their relationship to you: \_\_\_\_\_

Do you have physical limitations that may affect volunteer placement? Yes or No  
If yes, please specify: \_\_\_\_\_

Have you ever filed an application with Upper San Juan Health District/Pagosa Springs Medical Center? Yes or No

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Are you age 18 or older?

Yes or No

## Availability

Please specify the days/hours that you are available to volunteer:

Our days and hours needed: M – F 7:00am to 5:00pm

Check below for preferred shift(s):

\_\_\_\_\_ Weekday morning \_\_\_\_\_ Weekday afternoon \_\_\_\_\_ Weekday evening

## Interests

What volunteer positions interest you?

\_\_\_\_\_ Administration/Clerical

\_\_\_\_\_ Filing/Typing/Computers

\_\_\_\_\_ Greeter

\_\_\_\_\_ Other

\_\_\_\_\_ Escort

## Education

I have completed: \_\_\_\_\_ High School \_\_\_\_\_ GED \_\_\_\_\_ Some College

\_\_\_\_\_ College/University Degree

\_\_\_\_\_ Graduate School Field of Study: \_\_\_\_\_

## Previous Volunteer Experience (if any)

Please summarize your previous volunteer experience:

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## Emergency contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Please list three references:**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

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As a volunteer, you are considered a member of our Pagosa Springs Medical Center family, and as such, you have a responsibility to Pagosa Springs Medical Center and its patients; to observe the same code of conduct as staff, to adhere to Pagosa Springs Medical Center’s policies and procedures, and to uphold **patient confidentiality**.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations, made by me on this application, may result in my immediate dismissal.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with Pagosa Springs Medical Center is of an “at will” nature which means that the volunteer may resign at any time and Pagosa Springs Medical Center may discharge the volunteer at any time, with or without cause. It is further understood that this “at will” relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I further understand that:

- I authorize a Reference and Criminal Background Check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer eligibility.
- I understand that I am required to abide by all rules and regulations of Pagosa Springs Medical Center.
- Before beginning an active volunteer assignment, I will attend orientation and complete all pre-orientation requirements per PSMC Human Relations policy.

Printed Name: \_\_\_\_\_

Applicant’s signature: \_\_\_\_\_

Date: \_\_\_\_\_