



VOLUNTEER APPLICATION

RETURN APPLICATION FORM TO:

SHC Volunteer Services Osborn
7400 E. Osborn Road
Scottsdale, AZ 85251
Phone: 480.882.4051

SHC Volunteer Services Shea
9003 E. Shea Boulevard
Scottsdale, AZ 85260
Phone: 480.323.3051

SHC Volunteer Services Thompson Peak
7400 E. Thompson Peak Parkway
Scottsdale, AZ 85255
480.324.7053

STATEMENT OF PURPOSE

The purpose of the Scottsdale Healthcare Volunteer Services Department is to directly and indirectly provide an excellent personalized healthcare experience delivered by a talented, compassionate staff in an innovative environment. Volunteerism is based on humanitarian ideals. Volunteering is a public trust that requires integrity, compassion, belief in the dignity and worth of human beings, respect for individual differences and a commitment to service.

NAME _____ Nickname _____
Last First Middle Initial

ADDRESS _____ Apt. # _____ City _____ State _____ Zip _____

2nd ADDRESS _____ Apt. # _____ City _____ State _____ Zip _____

TELEPHONES: Primary # (_____) _____ Cell Phone/Pager (_____) _____

EMAIL ADDRESS _____ BIRTH DATE: month _____ day _____ year _____

MARITAL STATUS (Optional): Married Single Divorced Widowed

APPLICANT IS: Adult College/Technical/Vocational School Student Retired

CURRENT EMPLOYMENT _____

Address _____ Phone (_____) _____

CURRENT SCHOOL _____

Major _____ Graduation Date _____

EMPLOYMENT TRAINING / EXPERIENCE _____

EMERGENCY NOTIFICATION:

Name _____ Phone (_____) _____ Relationship _____

Name _____ Phone (_____) _____ Relationship _____

MY EXPERIENCE / SKILLS INCLUDE (please check all that apply):

- Accounting/Finance Photography Other _____
- Computer (business applications) Foreign Language _____ Other _____
- Knitting / Crocheting / Sewing Other _____ Other _____

SERVICE LOCATION PREFERENCE:

- Osborn Hospital Campus Cancer Center (Shea/Osborn)
- Shea Hospital Campus Auxiliary Gift Shops (All Campuses)
- Thompson Peak Campus Other _____

TYPE OF SERVICE AREA:

- Patient Care Area
- Non-Patient Care Area

PREFERRED TIME:

- Weekdays
- Early Evening
- Weekends

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

By providing my social security number on this document, I authorize Scottsdale Healthcare, or its research agent to seek and/or verify specific information about my background. I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the extent that information is true and accurate: a) Criminal conviction records in any jurisdiction; b) Social Security verification. I understand that my acceptance as a volunteer is contingent upon successful completion of the background check. SSN FOR BACKGROUND CHECK _____-____-_____

VOLUNTEER CONTRACT

All applicants must also complete the following:

To perform my duties as a Scottsdale Healthcare volunteer:

1. I will review and abide by the policies and procedures stated in both the Scottsdale Healthcare Volunteer Handbook and the Service Description and Procedure document specific to my service area assignment.
2. I will consider my volunteer assignment as a **commitment**. If I am unable to do my volunteer shift, I will notify the Volunteer Services supervisor or director, and will do so 24-hours in advance of my shift if possible. I understand that should I be absent from my volunteer shift two times in a row without proper notification, I may be terminated from the program.
3. I will hold all information as **confidential** concerning patients, families, staff members, physicians and volunteers.
4. I will make my service professional in all ways, and conduct myself with dignity, courtesy and consideration for others.
5. I understand that a breach of the following **Scottsdale Healthcare Team Norms** is cause for immediate dismissal at the discretion of the supervisor of Volunteer Services. Team Norms include: 1) Confidentiality; 2) Complete honesty; 3) Commitment to complete the work; 4) Consider all ideas; 5) No personal attacks; 6) No defensiveness.
6. I will not make or receive personal phone calls (land line or cellular) and/or visitors while on duty. This behavior is inappropriate in a hospital setting and will not be tolerated.
7. I understand that only patients are to be seated and/or transported in the hospital wheelchairs.
8. I understand that I must be in compliance with the dress code as stated in the Scottsdale Healthcare Volunteer Handbook; I understand that my uniform golf shirt must be worn tucked in and that I must wear my Scottsdale Healthcare ID badge at all times while on duty.
9. I will take any concerns or suggestions directly to the Volunteer Services supervisor or director.

COMMITMENT TO VOLUNTEER

1. I understand that Scottsdale Healthcare reserves the right to dismiss me if the action is in the interests of the hospital. Dismissal could result from failure to comply with hospital rules and regulations or inappropriate personal conduct, attitude or appearance.
2. I give my consent for Scottsdale Healthcare to administer to me:
 - two (2) tuberculin skin tests, and a chest x-ray in the event of a positive skin test reading, during the volunteer application process.
 - an annual TB skin test, and a chest x-ray in the event of a positive skin test reading.
3. I give my permission to Scottsdale Healthcare to administer emergency medical treatment to me if necessary.
4. Scottsdale Healthcare is a drug-free work environment, and drug screening of employees and volunteers may occur with cause. In such event, I give my consent for Scottsdale Healthcare to administer to me an evidential breath test and urine drug screen.

SIGNATURES: I have read and will abide by the above Volunteer Contract.

■ **ADULT APPLICANT:**

DATE _____

OFFICE USE ONLY

Application Received ____/____/_____
Orientation Date ____/____/_____
Interview Date ____/____/_____
Volunteer # _____
Service Area _____