

Please note: Volunteers are required to be fully vaccinated (COVID) at SJRMC, effective 1/1/2022



Application for Volunteering

San Juan Regional Medical Center has a successful volunteer program and is committed to providing a rewarding experience for our volunteers, while providing a safe environment for our patients. For this reason, we seek friendly, motivated people who love to help people and want to give back to their community. After the volunteers go through the application and interview process, if placement occurs, a background check, orientation, and training will also be required. Because of the time commitment and expense to place our volunteers, we ask for a long term commitment of our volunteers (at least 6 months and 50 hours or more). The hospital understands that a change in circumstances may prevent this – any such variation should be discussed with the Volunteer Services department. We cannot accommodate short term placement (unless it is the Summer VolunTeen Program) such as community service hours, service learning, or work placement programs. If you are interested in shadowing or are volunteering for a school requirement, please call 609-6156 **before** completing this application.

Date _____

Name: _____
First Middle Last /Maiden or Previous Name

Social Security # or ITIN # _____
Required, cannot volunteer without this #, Or proceed with processing this application

Current State issued ID (even for minors not driving), Drivers License, Passport, or Visa _____
A copy will be required once placement occurs; is a requirement for the fingerprinting process

Current Address/City: _____
Primary Phone: _____ Other: _____
Email: _____

PLEASE CHECK ONE:

- I am applying to be a teen volunteer, and am between the ages of 14-17**
(see parental consent section, **which must be signed by parent or guardian**)
- I am 18 or older, and am applying to be an adult volunteer.**

Current Employment

Company _____ Address _____
Supervisor _____ Phone _____
Start Date _____ End Date _____

Previous Employment

(Please account for the past 10 years, use back of sheet if necessary)

Company _____ Address _____
Supervisor _____ Phone _____
Start Date _____ End Date _____

Company _____ Address _____
Supervisor _____ Phone _____
Start Date _____ End Date _____

Volunteer Activities

Use back if needed

Organization _____ Address _____
Contact _____ Phone _____
Types of activities/services provided: _____

Education

High School _____ City/State _____
College _____ City/State _____
Degree _____
Achieved _____

Are you applying as a volunteer in order to fulfill requirements for a Senior Project or school? *If you are trying to complete Senior Project, school or shadowing requirements, it is recommended that you contact Volunteer Services at 609-6156 before proceeding with application process.*

Yes No

If you are in school, what year will you graduate (college or high school)? _____

Interests

Please list and hobbies, sports or special interests: _____

Why are you interested in volunteering at SJRMC? _____

Do you know someone who volunteers with us or works at SJRMC? **Please list name & relationship.** _____

How did you hear about us? _____

Please note: If you are required to volunteer due to a work study program, school requirement (such as service learning), or any other program, it is recommended that you contact Volunteer Services first before you complete this application, as we may not be able to accommodate your program. We are unable to place people who are required to fulfill community service hours.

Personal References

Please include **three** personal references who can vouch for you character, values, etc., **who are not family members**. This may include people you have worked with, teachers, church members, etc. Contact name, valid phone number and relationship is required for your application to be processed.

Name _____	Phone _____
Relationship _____	Alt Phone _____
Name _____	Phone _____
Relationship _____	Alt Phone _____
Name _____	Phone _____
Relationship _____	Alt Phone _____

***This application CANNOT be processed without references.**

Have you ever been convicted of a felony?

Yes No

If yes, please list details:

Volunteer Obligations

I understand that as a volunteer, there is no financial compensation associated with the service provided to San Juan Regional Medical Center, and such service would be provided for humanitarian or charitable reasons, and that volunteering at SJRMC does not guarantee any employment opportunities. I also understand that if I am placed as a volunteer at SJRMC, I agree to abide by all regulatory requirements including patient confidentiality, health screenings, and all policies and procedures. I understand that I am obligated to wear the authorized volunteer uniform and badge while on duty. I understand and agree to consent to the following:

- o COVID Vaccines, TB testing, annual flu vaccine, proof of two Varicella (chicken pox) vaccines or titer, proof of two MMR vaccines or titer, or any other health requirement of SJRMC
- o Fingerprinting (will be provided by SJRMC)
- o Permit photos as a volunteer to be used for recognition, and or volunteer recruitment purposes

Signature of Applicant _____ **Date of signature** _____

PARENTAL CONSENT (if applicant is under 18 years of age)

As a parent/guardian of above applicant, I consent to allow _____ to volunteer at SJRMC under the terms listed. Additionally, I understand that transportation is not the responsibility of SJRMC, and that once a volunteer leaves the campus of SJRMC, they are no longer the responsibility of SJRMC. I also consent to the volunteer obligations listed above.

Signature of Parent or Guardian _____ **Date** _____
Print Name of Parent or Guardian _____ **Phone** _____

SJRMC complies with the Civil Rights Act of 1964, the Age Discrimination Act of 1967, the Rehabilitation Act of 1973, and the American Disabilities Act of 1990.

PLEASE RETURN COMPLETED APPLICATION TO:

San Juan Regional Medical Center - Attention: Volunteer Services
801 West Maple Farmington, NM 87401
Fax to (505)609-6126, or email to tbecker@sjrmc.net
For more information, please contact Volunteer Services at (505) 609-6156.



The mission of the Auxiliary is to provide personalized care and compassionate assistance and comfort to those in need, without prejudice or pride. We strive to use our talents for fundraising and service to benefit SJRMC for our community.



Office USE:

DOB: _____