



Volunteer Services Application

I'm interested in volunteering at: *Check all that apply*

Deer Valley Hospital

North Mountain Hospital

Desert Mission Programs

Please submit one application only.

Please tell us about yourself

Application Date: _____ Recd: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ ZIP: _____ E-Mail: _____

Winter Resident, Please List Months Available: _____

Summer Address: _____

If you are under age 18, please list your age: _____

If you are not a U.S. Citizen, have you the legal right to reside in the U.S.: Yes No

Have you ever been convicted of a crime, whether set aside or dismissed? Yes No

Have you ever been employed by, or volunteered at, John C. Lincoln Health Network? Yes No

Have you ever **received services** from John C. Lincoln Health Network or Desert Mission? Yes No

If yes, please indicate: Deer Valley Hospital North Mountain Hospital Desert Mission Programs

Please tell us about your experience

Are you currently employed? Yes No Employer: _____

Title and Responsibilities: _____

May we contact you at work? Yes No Phone: _____

Previous Employment: _____

Current or past volunteer activities: _____

Other Training, Special Skills, or Hobbies: _____

Languages spoken: _____

Computer knowledge: _____

Are you currently enrolled in school? Yes No Where? _____

Grade Level? _____ Area(s) of study: _____

Highest Level of Education Completed: High School Some College Bachelor's Degree Other

Do not write in this box.

FOR OFFICE USE:

Adult _____ College _____ Teen _____

Interview Scheduled _____

Placement _____

Orientation Scheduled _____

Please provide additional information

Why have you chosen to volunteer at John C. Lincoln? _____

How did you learn about our volunteer opportunities? _____

Please indicate if you are volunteering for school, work, court-order or other requirements? _____

Which volunteer position(s) are you applying for? _____

Do you prefer: Patient focused Public oriented Clerical Non Patient service Other

As a John C. Lincoln volunteer you may be required to do one or more of these tasks:

- Lift/Carry up to 20 lbs Push Wheelchairs Stand for long periods of time
- Walk for long periods of time Sit for long periods of time Conduct repetitive activities
- Communicate in person and on the phone in English

As a volunteer would you be able to perform above without restriction Yes No
If No, please explain: _____

Please check the days and times you are available to volunteer each week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Can you keep a commitment to volunteer 4 hours per week or more and be in consistent attendance for 6 months or longer? Yes No

Please list two references

Adults: Please provide one professional reference and another of your choice

Students: Please provide one teacher/counselor reference and another of your choice

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

APPLICANT'S CERTIFICATION AND AGREEMENT: I hereby certify that the facts set forth on this application are true and complete and that if selected, false statements or omissions may result in termination of volunteer service. All information supplied on this application is subject to verification. I understand that information about past employment, prior convictions, and education verification will be requested. I understand that information about motor vehicle reporting will be requested if applicable to the volunteer position. All employers, volunteer organizations, educational institutions, motor vehicle departments and references are hereby authorized to give Lincoln any and all information regarding my employment/volunteering and character and I release them and Lincoln from all liability for issuing and receiving same. If selected as a volunteer, I agree to abide by the Volunteer Services Policies established by the John C. Lincoln Health Network. I will honor my commitment regarding time and length of service, will attend orientation, complete health requirements and any provisional/recurring training. I understand I will serve as a representative of John C. Lincoln Health Network for humanitarian and charitable reasons without compensation or promise of future employment. I will maintain a professional attitude and appearance, will observe the uniform dress code and will maintain high work standards in my interactions with patients, visitors, employees, physicians and volunteers.

Signature: _____ Date: _____
(Electronically typed signature will serve as valid signature)

Return Completed Application to the location where you want to volunteer:

John C. Lincoln Deer Valley Campus
Volunteer Services
19829 N 27th Ave.
Phoenix, AZ 85027
623-879-5765 FAX 623-879-5242
Email: dvvolu@jcl.com

John C. Lincoln North Mountain Campus
Volunteer Services
250 E Dunlap Ave.
Phoenix, AZ 85020
602-331-5729 FAX 602-216-5664
Email: vol@jcl.com

PLEASE COMPLETE IF YOU ARE UNDER 18 YEARS OF AGE:

TEEN VOLUNTEER - PARENT'S AGREEMENT

I give my consent for my son/daughter, age 14 to 17, to participate in the Teen Volunteer program at John C. Lincoln Health Network.

1. I will assist and encourage him/her in fulfilling the responsibilities of membership in the program; including keeping his/her commitment.
2. I will arrange transportation to and from the hospital.
3. Both my child and I realize that volunteering is now his/her responsibility and should be taken very seriously. We understand that he/she must follow all rules and regulations established and be regular in attendance, and that John C. Lincoln Volunteer Services will be depending on him/her to be here on the days on which he/she is scheduled. I will encourage my son/daughter to communicate with the Volunteer Services Director/Coordinator directly, as he/she is responsible for their volunteer activity. He/she is not to be at the Hospital on any other days or time than those assigned.
4. I am aware that John C. Lincoln Health Network reserves the right to terminate my son/daughter's services as a Teen Volunteer under the following circumstances.
 1. Failure to comply with the Volunteer Services policies and procedures as outlined at the orientation and in the handouts.
 2. Personal conduct, attitude, or appearance unbecoming a volunteer or member of the John C. Lincoln Health Network.
5. I give my consent for John C. Lincoln Health Network to administer and monitor the Tuberculin Skin Test, which is required of all volunteers prior to beginning their volunteer assignment and annually based on his/her start date as long as they continue to be an active volunteer.

I HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER _____ TO:

- 1) To become a Teen Volunteer.
- 2) Attend the orientation before beginning volunteer duty.
- 3) Have minor emergency treatment by the Hospital, or Employee Health, if necessary.
- 4) To participate in the TB Skin Test process.

This consent shall remain effective as long as the above named volunteer remains in the service of the hospital and is under 18 years of age, unless sooner revoked in writing and delivered to the hospital.

Signature of Parent or Guardian

Date

	NAME	PHONE NUMBER
TEEN VOLUNTEER		
MOTHER		
FATHER		