

**What can I do as a volunteer?**

* Interact with patients, visitors, and staff
* Administrative and clerical work

**Why should I volunteer?**

* The efforts of our dedicated volunteers help maintain quality services and make each person’s stay more enjoyable
* Opportunity to put your talents and experience to work
* Become a part of a caring, compassionate, and friendly team
* Feel a sense of accomplishment and personal satisfaction
* Opportunity to work with various healthcare professionals and departments

**How do you get started?**

* Complete an application (application process requires background check and drug screen).
* Proof of immunizations – Tetanus, Chicken Pox, MMR
* Have a 2 Step PPD test for Tuberculosis (provided by the hospital)
* Be vaccinated for the flu each year, if your service coincides with the flu season (provided by the hospital)
* Be vaccinated for COVID

**CONTACT: Christina Reeves at 702-657-5502**

**or email:** [**CREEVES1@primehealthcare.com**](mailto:CREEVES1@primehealthcare.com)

**VOLUNTEER MEMBERSHIP APPLICATION**

Thank you for your interest in becoming a volunteer at Prime Healthcare!

|  |  |
| --- | --- |
| Full Name | |
| Address City State Zip Code | |
| Cell Phone | Email Address |
| Home Phone | Date of Availability |

**YOUR PREFERENCES FOR VOLUNTEER DAYS AND DUTIES**   
*PLEASE BE ADVISED THAT WE REQUIRE A COMMITMENT OF 150 HOURS.*

|  |  |
| --- | --- |
| **Days of the Week Availability (Check all that apply)**  □ Monday □ Tuesday □ Wednesday  □ Thursday □ Friday □ Saturday □ Sunday | **Shift Availability (Check all that apply)**  □ Morning 8 a.m. to Noon □ Noon to 4 p.m.  □ Evening 1 p.m. to 5 p.m. |

**QUESTIONAIRE:**

1. How did you learn of this volunteer opportunity?
2. Have you volunteered anywhere else? If yes, where and what were your volunteer duties? Are you still a volunteer there?

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1. Why are you interested in volunteering at a hospital?

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1. Are there any accommodations needed for you to perform volunteer duties safely and competently?

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1. How do you make connections with new people?

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1. Do you belong to any community organization? If yes, which ones?

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1. Are there any skills, abilities, or hobbies that you’re proud of? Example: crafts, music, sports, computer skills, art, etc.

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1. Do you know someone employed at a Prime Healthcare facility? [ ] Yes [ ] No

If yes, how are they related to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what’s their name, hospital, and department? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY INFORMATION**

Emergency Contact Name Relationship to you

Cell Phone Work Phone

**VOLUNTEER RELEASE**

As a volunteer of Prime Healthcare, I agree to abide by all its rules and regulations. I also agree to perform my assigned duties in a courteous and dependable manner to the best of my ability.

I understand my obligation to protect patients, families, and members of Prime Healthcare’s staff from improper disclosure of confidential information regardless of its source (*i.e., the spoken word, the medical record/patient chart, computer records, financial reports, statistical data, minutes of meetings, personnel files, or other records*). Furthermore, I agree that I will not access any information which is not directly related to the performance of my duties.

Violation of any Prime Healthcare policy, especially the confidentiality policy, will be considered a breach of Prime Healthcare’s Code of Ethics and will result in termination of my service.

Volunteer Signature: \_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_