



MIMBRES
MEMORIAL HOSPITAL
AND NURSING HOME

900 W. Ash Street / Deming, NM 880308 / 575-546-5800

VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

Date: _____

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Social Security # _____

Driver's License # _____ Photo Copy ()Yes ()No

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Do you speak any language other than English ()Yes ()No

If Yes, please list _____

EMERGENCY INFORMATION

Emergency Contact Name: _____

Relationship: _____ Home Phone: _____ Cell: _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____

2. Are you currently seeking volunteer experiences to fulfill a community services obligations (i.e church, school)? ()Yes ()No

a. If yes, please describe the service requirements

b. Service Organization and Contact Name _____

c. Phone Number _____

3. Is there anything that may adversely affect your ability to perform volunteer duties?

()Yes ()No – If yes, please describe _____

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

5. Are you physically able to transport residents in a wheelchair? ()Yes ()No

6. Please check all areas that you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Personal Visits | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Games |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Wood Working |
| <input type="checkbox"/> Entertainment
(ie Singing or dancing) | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Activity Calendar | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Clerical |
| | <input type="checkbox"/> Organizing |

EDUCATION & WORK EXPERIENCE

EDUCATION (if hours required for school)

High School 9 () 10 () 11 () 12 ()

Name & State _____

If under 18, please list your primary interest of study/career goals _____

EMPLOYMENT EXPERIENCE:

Have you ever worked at a nursing home or hospital? Yes () No ()

Last Place of Work – if any: _____

Address: _____ Phone: _____

Position: _____ Supervisor's Name: _____

REFERENCES:

Please include references for any current or former job supervisors, teachers or clergy. Family members, relatives and friends may not provide recommendations.

Reference 1 Name: _____ Phone: _____

Relationship to you: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Reference 2 Name: _____ Phone: _____

Relationship to you: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

OTHER

1. Have you ever been convicted or entered a guilty/no contest to a felony?

Yes () No ()

2. Have you ever been convicted or entered a guilty/no contest to a misdemeanor?

Yes () No ()

If yes to either question, please describe the conviction(s) in detail, including dates: _____

3. How did you hear about this volunteer opportunity? _____

4. When can you start volunteering? _____

5. Check when you wish to volunteer:

() Monday _____ to _____

() Tuesday _____ to _____

() Wednesday _____ to _____

() Thursday _____ to _____

() Friday _____ to _____

() Saturday _____ to _____

() Sunday _____ to _____

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all the policies, rules and regulations of Mimbres Memorial Hospital and Nursing Home.

I authorize Mimbres Memorial Hospital and Nursing Home to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools, or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____ Date: _____