



**Glendive
Medical
Center**

ADULT VOLUNTEER APPLICATION

Personal Data

Volunteer Coordinator: Colette Barth • 406-345-3363

Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Phone (*home*) _____ Phone (*work*) _____

Are you over age 18? Yes No

Occupation _____

Are you retired? Yes No

Local Emergency Contact _____ Phone _____

I am interested in volunteering for the following reasons:

I bring the following work / volunteer experience and skills:

Days available:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Please indicate the areas where you would like to volunteer your time & talents:

- | | |
|---------------------------|------------------------------|
| Arts & Crafts _____ | Music _____ |
| Bazaar _____ | 1 to 1 Special Friends _____ |
| Bible Study _____ | Pet Therapy _____ |
| Bingo _____ | Poster Making _____ |
| Birthday Parties _____ | Reading _____ |
| Board Games _____ | Shopping _____ |
| Bulletin Boards _____ | Shuttle Driver _____ |
| Cards _____ | Table Decorations _____ |
| Checkers _____ | Van Outings _____ |
| Escorting Residents _____ | Attic _____ |
| Gardening _____ | Beauty Shop _____ |
| Letter Writing _____ | Gift Shop _____ |
| Mailings _____ | Information Desk _____ |
| Manicures _____ | |

Confidentiality and Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at Glendive Medical Center, Eastern Montana Veterans Home or the Heritage, I must abide by all policies and procedures, including holding as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to **GMC** **EMVH** **Heritage** (circle those that apply) solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

Volunteer Signature _____ Date ____/____/____

Witness Signature _____ Date ____/____/____

Orientation Date ____/____/____ Interview _____ Start Date ____/____/____

Paid Dues _____ (if Auxiliary Member)