



**Glendive  
Medical  
Center**

# ADULT VOLUNTEER APPLICATION

Personal Data

Volunteer Coordinator: Vicki Stockwell 425-622-5732 Vstockwell@gmc.org

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Name \_\_\_\_\_  
                                First                                Middle                                Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Are you interested in becoming a Member of the GMC Auxiliary? \_\_\_\_ Yes \_\_\_\_ N

Auxiliary Annual Dues are: \$6.00 for Active Membership OR \$15 for an Associate Membership

*Active Membership requires a minimum of 2 hours of volunteer service per month.*

Local Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I am interested in volunteering for the following reasons:

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I bring the following work / volunteer experience and skills:

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Days available: *(Please note if you prefer am or pm)*

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 Companion _____  |
| 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 _____ | The Attic _____         |
| Gardening _____           | Beauty Shop _____       |
| Letter Writing _____      | Gift Shop _____         |
| Mailings _____            | Greeters' 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Auxiliary Member \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Active \_\_\_\_ In-Active Paid Dues \$ \_\_\_\_\_