



Mandy Chantanasombut, Volunteer Coordinator

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VOLUNTEER APPLICATION

Name: Last First Middle

Street Address: Glendive, MT 59330

Home Phone Number: Cell Phone Number:

Email: Preferred Method of Contact: Home Phone Cell Text Message Email

Local Emergency Contact Name: Phone Number:

Are you a GMC employee? Are you a GMC retiree? Birthdate:

Are you interested in becoming a member of the GMC Auxiliary?

Annual dues are \$6 for an active membership, \$15 for an inactive membership. Active member ship requires a minimum of 2 hours of volunteer service per month.

I am interested in volunteering for the following reasons:

I bring the following work/volunteer experience and skills:

Indicate your availability:

- MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY. Morning, Early Afternoon, Late Afternoon, Early Evening.

Indicate areas where you would like to volunteer your time and talents:

- Bingo, Board Games, Cards, Checkers, Pet Therapy, Reading, Shuttle Driver, 1 to 1 Companion.

If there are specific GMC locations where you are interested in volunteering, check below:

- GMC Greeter's Desk, GMC Gift Shop, GMC Hospice, GMC Extended Care, Beauty Shop in GMC Extended Care, Eastern Montana Veterans Home, The Heritage, Airport Shuttle Driver, The Attic Thrift Shop.

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, The Heritage, or The Attic, I must abide by all policies and procedures, including holding all medical information that I may obtain directly or indirectly as strictly confidential.

I am volunteering my services solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

Volunteer Signature: Date:

Staff Use Only:

Orientation Date: Start Date:

Auxiliary Member:

- Yes No Active Inactive Dues Paid? Yes No