

Auxiliary Membership Application



Gritman Medical Center
Volunteer Services
 700 South Main Street
 Moscow, ID 83843
 (208) 883-6231
 volunteer@gritman.org

- **Volunteers who assist with a variety of duties under the supervision of hospital staff.**
- **Minimum requirements:**
 - **Contributing more than 25 hours per year with payment of \$2.00 annual dues, OR**
 - **Contributing less than 25 hours per year with payment of \$10.00 annual dues.**

Return Application to Volunteer Services, with the following:

- **A copy of your DRIVERS LICENSE + ONE OTHER FORM OF ID.**

<p>We appreciate your interest in becoming a volunteer at Gritman Medical Center. The information submitted on this application is confidential and will be used only for placement purposes.</p>				
Type of Volunteer Position(s) Applying for (please check):				Date of Application:
<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Intern	<input type="checkbox"/> Student Volunteer		
<input type="checkbox"/> FSP Mentor	<input type="checkbox"/> Junior Volunteer	<input type="checkbox"/> Volunteer		
How did you learn of Gritman's Volunteer Program?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend or Relative		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Volunteer Agency	<input type="checkbox"/> Walk In			
Last Name:		First Name:		Middle Initial:
Address: <i>Number</i>	<i>Street</i>	<i>City</i>		<i>State</i>
<i>Zip Code</i>				
E-Mail Address:		Home Phone:		Social Security Number:
		Work Phone:		
Emergency Contact:		Home Phone:		(Optional) Birthdate:
		Work Phone:		
Have you ever filed an application with Gritman Medical Center before?			Circle one: YES NO	
Have you ever been employed by Gritman Medical Center?			Circle one: YES NO	
Have you ever been through a Gritman Medical Center orientation?			Circle one: YES NO	
If so, when and in which department(s)? Date:			Dept:	
When would you like to begin volunteering for Gritman Medical Center?			Date:	
Are you available for summer placement?			Circle one: YES NO	
Have you been convicted of a felony in the past 7 years?			Circle one: YES NO	
If yes, please explain: <i>(Conviction will not necessarily disqualify you from volunteering)</i>				
<p>We consider applications for all volunteer positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected adults.</p>				

Placement Preferences & Skill Levels - Auxiliary

Please indicate your interest level using a scale of 1 (one) -10 (ten), with 1 (one) for most interested. Indicate Skill Level for those areas in which you have expressed an interest: 0 (no experience, would like to learn); B (beginner); M (moderate ability); A (advanced). Please mark only those areas that are of interest to you.	Interest Level	Skill Level
ADMINISTRATION - Assist with clerical duties. Monday through Friday - 10:00 a.m. to 12:30 p.m.		
ADULT DAY HEALTH - Assist staff with participants and or support activities. Hours vary.		
ADMITTING INFORMATION DESK - Assist staff and patients at front desk. Monday through Friday - 9:30 a.m. to 12:30 p.m. and 12:30 p.m. to 3:30 p.m.		
BLOOD DRIVES - Assist in scheduling and coordinating blood drives. Hours vary, January, March, May, July, September, November.		
FUND RAISERS - Assist with various fundraisers. When needed, hours vary.		
RADIOLOGY INFORMATION DESK - Assist staff and patients at front desk. Monday through Friday - 8:00 a.m. to 12:00 p.m.		
BERTIE'S GIFT SHOPPE - Work shifts in Bertie's Gift Shoppe.	Weekend	
	Weekday Shifts	
SEWING - Assist with various sewing projects as requested by hospital staff. Thursday 10:00 a.m. to 12:00 p.m.		
TELEPHONE TREE - Contact volunteers as requested. Hours vary.		

OTHER - please specify:

Cancer Resource Center

ADDITIONAL SKILLS

Please check the skills you can share with us.

<input type="checkbox"/>	Audio Visual	<input type="checkbox"/>	Knitting/Crocheting
<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Calligraphy	<input type="checkbox"/>	Refreshments
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Decorating	<input type="checkbox"/>	Teaching/Hospital Tours
<input type="checkbox"/>	Filing	<input type="checkbox"/>	Typing

Other:

Applicant's Agreement, Statement & Authorization(s)

I would like to join the Auxiliary as: (check one of the following)

- Active - Contribute more than 25 hours of time and \$2.00 annually.
- Patron - Contribute less than 25 hours of time and \$10.00 annually.
- Please contact me for special projects.

I understand that there is a \$2.00 yearly dues charge for active membership in the Auxiliary. If needed, a smock will be ordered at a charge of \$15.00. To remain active, I will donate 25 hours annually to Gritman. If I do not plan to volunteer 25 hours annually, I have enclosed \$10.00 to become a patron.

As a Volunteer, you are considered a member of our Gritman Medical Center family, and as such you have a certain responsibility to Gritman and its patients; to observe the same code of ethics as professional staff, to adhere to Gritman's policies and procedures, and to uphold patient confidentiality.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with Gritman Medical Center is of an "at will" nature, which means that the Volunteer may resign at any time and Gritman Medical Center may discharge the Volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

By my signature below, I further understand that:

- ✓ I certify all statements made on this application to be true, correct, and complete to the best of my knowledge and made in good faith.
- ✓ I authorize a Reference & Criminal Background Check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer decisions.
- ✓ In the event of acceptance to this Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge.
- ✓ I understand that I am required to abide by all rules and regulations of Gritman Medical Center.
- ✓ I will meet the minimum hours requirement for the Volunteer Team(s) to which I may be assigned.
- ✓ Before beginning an Active Volunteer Assignment, I will:
 - Attend an orientation,
 - Take an annual tuberculosis test (at no cost to the Volunteer), AND may be required to
 - Provide proof of immunization for rubella (optional depending on age requirement).

Applicant's Signature

Date

This application shall be considered active for ninety (90) days.

Applicants wishing to be considered for volunteering beyond the 90-day period should inquire as to whether applications are being accepted at that time.

Incomplete applications will not be accepted.

Volunteers accepted for placement will be located in areas of interest and value to them.

Acceptance of completed applications does not constitute acceptance into the Volunteer Program.