



Northern Nevada HEALTH SYSTEM

Volunteer Applicant Information

Full Name: _____ / _____
Last First M.I. Birth Month and Day

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Hobbies/Talent

Hobbies _____ Language Spoken: _____

Employment and Volunteer History

Are you employed: _____

If so, your position _____

Employer Name: _____ Phone Number: _____

If retired, previous type of work: _____

Have you volunteered before: _____

If yes, list where, when and what position: _____

Have you been convicted of any criminal offense?

If yes, please indicate the nature of the offense, date, location, and disposition of case:

Preferences

Why do you want to volunteer at Northern Nevada Medical Center?

Is there a specific area you wish to volunteer our services?

Clerical Patient Interaction/Concierge Front Desk/Greeter Emergency Room Other
 2nd Fl. Surgery waiting area

Do you have any medical or limitations which might affect your ability to perform as a volunteer:

If yes, explain: _____

What days do you prefer to volunteer? Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

References

Please list two local references.

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Emergency Contact

In case of emergency, who should we contact? _____

Full Name: _____ Phone: _____

Address: _____

Disclaimer and Signature

I hereby certify that my answers on this application and any resultant interview are true and correct and that any misrepresentation or omission of facts, or misleading or false information on my part will be grounds for dismissal as a volunteer. As a volunteer, I will abide by all hospital policies and procedures, and agree to provide a minimum of 100 hours of service. Please return our completed application to:

**Northern Nevada Medical Center
Volunteer Coordinator
2375 E. Prater Way, 1st floor
Sparks, NV 89434**

The Facility's policy shall provide a work environment that is safe, conducive to good job performance, and free from harassment and or discrimination. The Facility prohibits and form of harassment and specifically includes harassment based upon the following legally protected characteristics: race, religion, creed, color, gender, sexual orientation, gender identity or expression, age (as defined by applicable law), national origin, genetic information, ancestry, physical or mental disability, pregnancy (including childbirth and related medical conditions), military status, or any other characteristic protected by applicable federal, state, or local law. Improper interference with the employees' ability to perform the expected duties will not be tolerated.

Signature: _____ Date: _____