



Our purpose is you.

### VOLUNTEER APPLICATION

Submit the completed application to the program where you wish to volunteer (find program locations at [pmsnm.org](http://pmsnm.org)). The Program Administrator will set up an interview with you to determine volunteer opportunities and scheduling. Have questions? Please email [pmsnm.website@pmsnm.org](mailto:pmsnm.website@pmsnm.org) or call 800-477-7633.

Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

#### Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Are you now, or have you ever been, a PMS employee, temporary (contracted) employee, volunteer, student intern, resident, locum tenens, or independent contractor?**

No  Yes

If yes, please describe your role at PMS and list the approximate dates.

#### General Information

What type of volunteer service do you wish to provide?

List any related work experience.

List any previous volunteer experience.

Languages Spoken:

Languages Written:

What days and times are you available to volunteer?

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Time</b>							

**PMS Volunteer Agreement**

\_\_\_\_\_ I certify that answers given on this form are true and complete to the best of my  
(Initial) knowledge.

\_\_\_\_\_ I understand that all PMS medical records and patient records shall be treated as  
(Initial) confidential information. I further understand that as a PMS volunteer I am bound by federal, state, and local laws and regulations regarding medical records, government records, and patient / client information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Interview Section** (completed by the Program Administrator)