

VOLUNTEERS



1906 Blake Ave
Glenwood Springs, CO 81601
970.384.6653
email: volunteers@vvh.org

Dear Potential Valley View Volunteer,

Thank you for your interest in becoming a volunteer at Valley View.

Valley View Volunteers are a compassionate and dedicated group of individuals that contribute their time, talents and energy to the health and well-being of our community. Volunteers play a key role in the lives of our patients and guests.

To participate in this program, we ask the following of you:

- Complete an application, a background check, and health screening with the office of volunteer services.
- Attend volunteer orientation and specific training related to your volunteer assignment.
- Adhere to all Valley View policies and procedures.
- Must be at least 15 years of age.

When we receive your application, we will contact you to arrange an interview at which time we will talk about your interests and our available positions.

We look forward to working with you!

Sincerely,

Kati Ledall
Volunteer Coordinator
Valley View Volunteer Services



VALLEY VIEW

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Are you at least 15 years of age?	Birthdate: (day and month)

Availability

What days and hours are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
A.M.						
P.M.						

Interests

Why would you like to volunteer at Valley View and what are you hoping to gain out of the experience?

Where in Valley View do you have specific interests?

- In patient care areas
- In non-patient care areas
- Administrative tasks
- Welcome desks
- Gift shop
- Healing partners – dog therapy
- Meals on Wheels – delivering meals
- Connie Delanie Medical Library
- Heart Song – music program
- Other: _____

Special Skills or Qualifications

Summarize special skills and/or qualifications that would benefit your volunteer effort here at Valley View:

--

References – individuals not related to you

Name	
Title	
Email address	
Phone number	
Name	
Title	
Email address	
Phone number	

Emergency Contact

Name	
Relation to Contact	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I will be required to complete a background check and a health screening including: drug/alcohol testing, TB screening and will be asked to provide immunization records.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

If you have any questions please contact Volunteer Services at 970.384.6653 or volunteers@vvh.org. Thank you for filling out this application. We look forward to meeting you!