



Patti DeFord, Volunteer Coordinator
202 Prospect Drive, Glendive, MT 59330
Telephone: (406) 345-3304
PDeFord@gmc.org

VOLUNTEER APPLICATION

Name: Last First Middle

Birthdate: Street Address:

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?

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:

Blank lines for reasons of interest

Blank lines for work/volunteer experience

Indicate your availability:

Grid for availability by day and time slot (Morning, Early Afternoon, Late Afternoon, Early Evening)

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

Checkboxes for GMC Greeter's Desk, GMC Extended Care, The Heritage, GMC Gift Shop, GMC Hospice, 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, 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