



PRESBYTERIAN MEDICAL SERVICES

Building a Healthier State®

VOLUNTEER APPLICATION

Complete the application, then print and submit to the program at which you wish to volunteer (use the PMS site locator at www.pms-inc.org). The Program Administrator will set up an interview with you to determine volunteer opportunities and scheduling. For questions, please call Summer Salomonsen at 505-954-2331.

Date: _____

Program Name: _____

Personal Information

Last Name: _____ First: _____ MI: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

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?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

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 and governmental records.

Signature: _____ Date: _____

Interview Section (completed by the Program Administrator)