



Mayo Clinic
Scottsdale Campus
13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-6142

Mayo Clinic
Phoenix Campus
5777 East Mayo Boulevard
Phoenix, Arizona 85054

Student
School: _____

(please print)

Name: LAST _____ FIRST _____ M.I. _____

Address: (No PO Box) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Home State: _____

Birth Date (month/date/year): _____

In case of an emergency, please notify (local person only):

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Availability

Please specify days and hours available: _____

Are you a year-round resident? _____

If no, what dates are you away? Leave _____ Return _____

Please note summer address:

Referral

Who referred you to Mayo Clinic Volunteer Services? (please check one)

- Self-referred Mayo Employee/Physician Relative Other
- Mayo Clinic Volunteer Mayo Clinic Website Friend School

Name: _____

Have you ever been employed by Mayo Clinic? Yes No

Have you ever served as a volunteer? Yes No

If yes, where? _____

Education

Please check **one** number below: your **highest** level of schooling completed or current year in school.

- High School: 1 2 3 4
- College: 1 2 3 4
- Graduate School: 1 2 3 4

Qualifications

Do you have special qualifications, capabilities, or a particular interest in any of the following areas?

- General Office Work/Clerical Library Skills Public Speaking/Tours
- Gift Shops/Retail Patient Transport Other _____

Previous work experience:

Other computer/equipment skills (types of hardware and software)

- Fluency in a language other than English? Yes No
- Language: _____ Speak Read Write

Service Opportunities

- _____ Clerical/Computer
- _____ Retail
- _____ Patient Support

Training

New placement opportunities often become available. Would you be willing to cross-train in two or more areas to assist in meeting the changing needs of our patients, staff, and guests?

- Yes No

Preferred areas _____

Conflict of Interest

It is important to the integrity and success of Mayo Clinic and Volunteer Services that all volunteers strive to avoid any actual, potential, or implied conflict between their interests and the interests of Mayo Clinic. Volunteers may have access to privileged, confidential information regarding Mayo Clinic's professional, business, or research activities, and they must not use such information to derive personal benefit, either directly or indirectly, whether it be financial or otherwise.

Confidential Information

As a Mayo Clinic Volunteer, you may have access to privileged information concerning patients or employees. When you accept an assignment, you also accept an obligation to keep confidential information precisely that - confidential. Only physicians, under certain circumstances, are authorized to release medical, surgical, or laboratory findings concerning a patient or his/her problems. Volunteers may not reveal any of this information.

Carelessness or thoughtlessness in the handling of such information is ethically unacceptable and could expose you and the clinic/hospital to legal action. You must also understand that in the performance of your duties as a volunteer, you must hold in strict confidence any observations you may make, see or hear regarding patients, physicians, or personnel.

I have read the above statement, I understand the contents and I agree to conduct myself in accordance with this requirement. I will not discuss confidential information regarding patients, employees or business operations.

Signature _____

Date _____

Our volunteer positions should not be viewed as a means of obtaining permanent employment at the clinic or hospital. Persons seeking paid positions should apply in the Human Resources Department.

Conditions

If accepted, I agree to abide by all policies and guidelines of the Volunteer Services Department. I understand that my volunteer service is "at will," meaning that it may be terminated at any time by either party.

Signature _____

Date _____

For Office Use only

Service Areas

Date	Service Area	Computer Access
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Separation Information

Date Left Program: _____

Reason for Leaving:

Forwarding Address: