



Our purpose is you.

VOLUNTEER APPLICATION

Submit the completed application to the program where you wish to volunteer (find program locations at www.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 or call 800-477-7633.

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, government records, and patient / client information.

Signature: _____ Date: _____

Interview Section (completed by the Program Administrator)