

Arizona Nurse Honor Guard



Volunteer Application

Please Mark application for the following Chapter:

Yavapai Maricopa

Contact Information

Date	
Name	
Credentials	
Birthdate	
Street Address	
City ST ZIP Code	
Home Phone	
Employer/Organization	
College or University	
Specialty	
Professional Organization	
E-Mail Address	
Arizona Nurse License #	

Availability

During which hours are you available for volunteer assignments? Please mark days available.

Weekday mornings M T W TH F Weekend mornings SA SU
 Weekday afternoons M T W TH F Weekend afternoons SA SU
 Weekday evenings M T W TH F Weekend evenings SA SU

Interests

Tell us in which areas you are interested in volunteering

- Events (memorials, conferences, presentations)
- Community outreach
- Fundraising
- Recruiting
- Other

Membership Method of Payment: Initial Dues \$55.00, renewal \$45.00

- Cash
- Check or money order **PAYABLE TO ARIZONA NURSE HONOR GUARD**
- Square (may use debit or credit card)
- Zelle **PLACE IN MEMO INITIAL DUES AND YOUR NAME**

Application and dues must be processed before active participation in Honor Guard events. Membership includes Nurse Cap and Honor Guard Patch for your uniform. Capes, In Memory Patches, and other merchandise are sold separately.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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.

Submitting your application

You may mail or email your application to the following chapter contact information below for which you selected to join as part of this organization. A nurse officer will then process your application and reach out to you via phone or email for more information.

Maricopa Chapter Phone: 480-741-5015, **Email:** nursehonorguard.maricopa@gmail.com **Mailing address:** P.O. Box 5241, Peoria, AZ 85385

Yavapai Chapter Phone: 480-741-5240, **Email:** yavapainurses@gmail.com **Mailing Address:** P.O. Box 5241, Peoria, AZ 85385

ARIZONA NURSE HONOR
GUARD

ARTICLE XVIV PRIVACY OF THE DECEASED
AND FAMILY

I _____ understand-**No** member of this organization including elected officers, board of directors, executive committee members, standing committee members, non- officer nurse volunteers or student nurse volunteers shall post the name of any deceased memorialized nurse on a Public Interface. This includes, but not limited to: any and all private and public social media such as Facebook, Twitter, SnapChat, LinkedIn, Tik Tok and Instagram. In addition, publications, journals, articles, newspapers, websites, blogs, YouTube videos, or any source of media visible to the public including friends or acquaintances of all social media and written platforms. The only instance where a nurse honored name can be posted is with permission of the Administration within the organization or by permission from the family.

Upon becoming a member, this disclosure form is provided and to be signed before attending the first meeting and/or first ceremony.

By signing this, I understand that if the name of the deceased is posted on any social media page, private or public, I will be asked to remove the post immediately and will receive a written warning. Should there be a second violation of this policy, I will remove the post immediately and I will be asked to leave the organization and my membership revoked.

I acknowledge the following, by signing this document and I understand I must comply with the stated policy:

Date: _____

Name of Volunteer: _____

Signature: _____

Policy for Communications within the Organization for Memorials and Group Activities

I want to take the opportunity to explain our communication policy for Memorials and Group Activities. At this time we currently use a Private Facebook Group to manage all communications within the group. This includes notification when there is a need for volunteers to attend memorials or events. Sharing of documents related to the operations of the organization like rosters, agendas, treasurer reports and meeting minutes and notification of meetings. We also post photos after a memorial and/or event to share within the group our activities and participation. In addition, at times volunteers will share information that is important to the organization or the nurse honored.

Since this is our main form of communication you have the opportunity to Join the Private Group by invitation from one of our administrators/officers. At this time our admin team connects the volunteer with being added to the Facebook Group.

To complete this task and improve on boarding procedures please complete the following:

_____ I give permission for the Arizona Nurse Honor Guard to add me to their private Facebook Group

_____ Please list you Facebook handle or user ID on Facebook

Once we have processed your application, the administrator will send you an **initial** Facebook friend invite. You must accept the invite to be the administrator's friend on Facebook. After you have accepted the invite you will then see a **second** invite from the Private Group Arizona Nurse Honor Guard, once you have accepted that invite you will then be able to view the organization's forms of communications within the private Facebook group.

Once you terminate your relationship with the organization you will then be removed from the private group until you decide to rejoin.. A volunteer will never be asked to leave a group or terminate their relationship with the group except for the following reasons. 1) Volunteer self termination to leave the organization 2) Not meeting the responsibilities as a volunteer in good standing 3) After a correction policy has been implemented and the board of the organization rules to terminate the relationship between the volunteer and the organization.

If you do not wish to participate in communications via the Private Facebook Group, communications for the organization will be sent via email as communication within the Facebook Group is voluntary.

_____ Please indicate if you wish to receive communications via email only.

Thank you for reading this policy and our efforts to improve on keeping you volunteers connected to the group.