

Application for Adult Volunteer (18 years and older)

Simi Valley Hospital / Volunteer Services, 2975 N. Sycamore Drive, Simi Valley, CA 93065

Phone: (805) 955-6950 / Fax: (805) 955-6047

FOR OFFICE USE ONLY

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS

CITY STATE ZIP EMAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

WHY DO YOU WANT TO VOLUNTEER?

SPECIAL SKILLS/TALENTS (please circle): Computer Retail Clerical Writing/Editing Patient Care Other: _____

*HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY (please circle)?: YES NO

ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU (please circle)?: YES NO

*You may exclude convictions for which the record has been judicially ordered sealed, expunged, dismissed, or statutorily eradicated, and/or any marijuana-related convictions that are more than two years old. Please include convictions involving driving a vehicle, other than traffic citations such as for speeding. Affirmative answers to the questions regarding convictions or arrests will not be an automatic bar to volunteering.

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING DEPARTMENTS

Non-Patient Contact (Please Circle): Clerical Reception Desk Gift Shop Finance/Accounting Lifeline Courtesy Shuttle (must be 21)

Patient Contact (Please Circle): Med/Surg Telemetry Women's Services Emergency Department Other: _____

INDICATE THE DAYS AND TIMES AVAILABLE TO VOLUNTEER

MON ____ to ____; TUES ____ to ____; WED ____ to ____; THURS ____ to ____; FRI ____ to ____; SAT ____ to ____; SUN ____ to ____

ARE YOU ABLE TO VOLUNTEER 4 HOURS PER WEEK ON A REGULAR BASIS OR A MINIMUM OF 60 HOURS? YES NO

YOUR EMERGENCY CONTACT INFORMATION

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

DAY PHONE CELL PHONE WORK PHONE

I understand that I must pass a physical examination, including but not limited to a PPD (tuberculosis skin test) and a drug screening before I can volunteer. In case of injury or illness during volunteer service, I give permission to Simi Valley Hospital to administer emergency care. I agree to hold as confidential all information I may obtain concerning patients, doctors, or personnel. I will also adhere to the dress code as specified by the Volunteer Handbook. I will notify the Director of the Department of Volunteer Services as soon as possible and return my uniform and badge if it becomes necessary for me to terminate my volunteer service. I hereby agree to these conditions and certify that the above information is true to the best of my knowledge.

YOUR NAME DATE

YOU CAN HELP EXPEDITE THE VOLUNTEER SELECTION PROCESS BY ENCOURAGING YOUR TWO PERSONAL REFERENCES TO PROMPTLY COMPLETE AND MAIL OR FAX THE CONFIDENTIAL REFERENCES FORMS TO THE DEPARTMENT OF VOLUNTEER SERVICES.

Please mail the completed adult volunteer application to Simi Valley Hospital, Attention Volunteer Services, 2975 N. Sycamore Drive, Simi Valley, CA 93065. You may also fax this application to (805) 955-6047.

CONFIDENTIAL REFERENCE FORM (Not to be filled out by a family member or a teenager; to be considered a minimum of two references are required.)

Name of Applicant: _____

The above named individual is applying to volunteer. The information you provide below will allow us to make an informed decision regarding the applicant's ability to fulfill the responsibilities involved in our volunteer program. You may mail or fax this document. All information supplied will be confidential. Thank you.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment: _____

Are you aware of any physical or emotional problems that would limit the applicant from fulfilling volunteer responsibilities in a hospital? Yes No

If yes, please explain: _____

Would you recommend the applicant for a volunteer position at Simi Valley Hospital?

- Yes, I would recommend this applicant.
- No, this applicant may be more suitable for another type of volunteer agency.

Additional comments: _____



YOUR NAME _____

SIGNATURE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

THANK YOU! YOUR PROMPT RETURN IS APPRECIATED!
Simi Valley Hospital / Volunteer Services, 2975 N. Sycamore Drive, Simi Valley, CA 93065 /
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