

*Simi Valley Hospital*



Department of Volunteer Services  
2975 N. Sycamore Drive  
Simi Valley, CA 93065  
Phone: 805-955-6952  
Fax: 805-955-6047

Dear Prospective Volunteer:

Thank you for your interest in volunteering at Simi Valley Hospital! Attached you will find the application and other prerequisite forms needed prior to starting your volunteer journey at Simi Valley Hospital.

Please take note that you will need to collect and submit all of the following information at one time. This includes:

- Volunteer application
- Two written references
- Background check form

Please feel free to mail the above information to my attention or simply come to Simi Valley Hospital and leave it at the main admitting/information desk. Once we have received the above information as one complete package, we will make arrangements for an interview.

Thank you and we look forward to receiving your application.

Sincerely,

*Jeremy Brewer*

Jeremy Brewer  
Director of Volunteer Services

Attachments



Department of Volunteer Services
2975 N. Sycamore Drive
Simi Valley, CA 93065
(805) 955-6952 – FAX: (805) 955-6047

For Office Use Only

VOLUNTEER APPLICATION

Personal Data

Name \_\_\_\_\_ Home Phone \_\_\_\_\_
Address \_\_\_\_\_ Work Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Email Address: \_\_\_\_\_

Volunteers must be 18 years of age to qualify. I am at least 18 years of age. Yes [ ] No [ ]
[If no, you may consider applying to become a Junior Volunteer. Please request a Junior Volunteer packet.]

Have you ever been an employee at SVH? Yes [ ] No [ ] If so, when? \_\_\_\_\_
Have you ever been a volunteer at SVH? Yes [ ] No [ ]
If yes, were you: a junior volunteer? [ ] an adult volunteer? [ ]

Skills

Education / Special Training \_\_\_\_\_

Hobbies / Skills / Special Interests \_\_\_\_\_

Have you ever been convicted of a crime? [ ] Yes [ ] No
If yes, please explain when, where, and disposition of case \_\_\_\_\_

Volunteer Assignment [Please check areas you could be interested in volunteering]

Non-Patient Contact:

- [ ] Clerical
[ ] Reception Desk
[ ] Gift Shop
[ ] Plant Operations
[ ] Other [please specify]
\_\_\_\_\_
\_\_\_\_\_

Patient Contact:

- [ ] Emergency
[ ] Women's Services
[ ] Medical/Surgery or Telemetry
[ ] Skilled Nursing
[ ] Physical Therapy [Students Only]
[ ] Other [please specify]
\_\_\_\_\_

Are you able to serve 4 hours per week on a regular basis for the next 6 months or a minimum of 60 hours total?
[ ] Yes [ ] No \_\_\_\_\_

Are you available on weekends and/or holidays? [ ] Yes [ ] No
Please indicate the days of the week and hours you are available. \_\_\_\_\_

I understand that a physical examination and a PPD (tuberculosis skin test) must be completed 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## PLEASE READ CAREFULLY

### DISCLOSURE AND AUTHORIZATION FORM

**Adventist Health** (the “Company”) will procure a consumer report and/or investigative consumer report on you in connection with your employment application. **Pre-employ.com, Inc.**, or another consumer reporting agency, will obtain the report for the Company. **Pre-employ.com, Inc is located at 3655 Meadow View Drive, Redding, Ca. 96002 and can be reached at 800-300-1821.**

The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839.**

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission.

### ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

**CALIFORNIA:** You may view the file maintained on you by **Pre-employ.com, Inc.** You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Pre-employ.com, Inc.** offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. **Pre-employ.com, Inc.** has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**MAINE:** You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report.

You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.



**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as **Pre-employ.com, Inc.**, to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to **Compliance Department, P.O. Box 491570, Redding, Ca. 96049** or faxed to **888-999-3839**.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

**For residents of, or for jobs located in California, Minnesota and Oklahoma only:** You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company’s investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Compliance Department, P.O. Box 491570, Redding, Ca. 96049** or by toll free fax **888-999-3839**.  I request a free copy of the report.

Occasionally, Pre-employ.com and/ or its partners send information on identity theft protection, background check information and other related products or services. I DO \_\_\_ or I DO NOT \_\_\_ wish to receive this information via email or mail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information is for identification purposes only. Please print clearly in BLACK INK!**

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all other names used in the last 7 years: \_\_\_\_\_

\* **Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_ **State issued** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Address History:** Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:

Dates: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

\* **Providing a year of birth is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.**

\*\*\*\*\* APPLICANT – DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

**Company ID 8765**

**Company Name: Adventist Health – Simi Valley**

**PO #**

Please indicate services you would like to request for this applicant.

Fax this sheet to 888-999-3839 or enter the information at <https://www.pre-employ.com>

**Basic Services Requested:** \_\_\_\_\_

**Additional Services Requested: Please check box**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Social Security Trace         | <input type="checkbox"/> Reference Check           | <input type="checkbox"/> Anti Terrorist Watch List | <input type="checkbox"/> Sex Offender         |
| <input type="checkbox"/> Criminal History Check        | <input type="checkbox"/> Reference Check           | <input type="checkbox"/> NCFS                      | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Drivers License Check         | <input type="checkbox"/> OIG/GSA Check             | <input type="checkbox"/> Civil History             | <input type="checkbox"/> Drug Test            |
| <input type="checkbox"/> Employment Verification       | <input type="checkbox"/> National Wants & Warrants | <input type="checkbox"/> Federal Criminal History  |   |
| <input type="checkbox"/> Degree/Education Verification | <input type="checkbox"/> Credit Report             | <input type="checkbox"/> Federal Civil History     |   |

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2975 N. Sycamore Drive, Simi Valley, CA 93065  
PHONE: (805) 955-6952 – FAX: (805) 955-6047

**CONFIDENTIAL REFERENCE FORM**

*Not to be filled out by a family member or a teenager*

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? \_\_\_\_\_

Would you share with us any knowledge you have of this person in relation to his/her ability to be accepting of and sensitive to the needs of patients, families, and staff members?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the applicant's reliability and willingness to make a commitment such as this:

\_\_\_\_\_  
\_\_\_\_\_

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 placement in a setting such as ours?

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

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Thank you!

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\_\_\_\_\_  
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No, this applicant may be more suitable for another type of volunteer agency.

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Thank you!