

Adventist Health Volunteer Services Application

Please select: Adult Volunteer Junior Volunteer (Ages 16-18) *Application continues on reverse

Hospital of Interest: Howard Memorial (HM) Ukiah Valley (UV) Mendocino Coast (MC)

Name: _____

Local Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Availability and Areas of Interest (see attached opportunity summary for more information):

Please check all that apply:

- | | | | |
|-----------------|---|--|---|
| I am available: | <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| | <input type="checkbox"/> Weekends | <input type="checkbox"/> More Than Once a Week | <input type="checkbox"/> As Needed |
-
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Surgery Waiting Room (HM, UV) | <input type="checkbox"/> Information Desk(HM, MC) | <input type="checkbox"/> Orthopedic Joint Center (HM) | <input type="checkbox"/> Nutritional Services (HM) |
| <input type="checkbox"/> Patient Companion / NODA (HM, UV) | <input type="checkbox"/> Gift Shop (HM, UV, MC) | <input type="checkbox"/> Chart Assembly (HM) | <input type="checkbox"/> Spiritual Care (HM, UV, MC) |
| <input type="checkbox"/> Hospitality / Activity Cart (HM, UV) | <input type="checkbox"/> Thrift Store (MC) | <input type="checkbox"/> Virtual Visits (UV) | <input type="checkbox"/> Street Medicine (UV) |
| <input type="checkbox"/> Music (HM, UV) | <input type="checkbox"/> Pet Therapy (HM, UV) | <input type="checkbox"/> Other: _____ | |

Application Questions:

- Do you agree to a preliminary three (3) month training period prior to full membership? Yes No
- Do you agree to volunteer for a regularly scheduled shift? Yes No
- If applicable, do you agree to wear the required uniform during volunteer services? Yes No
- Do you agree to sign a Confidentiality Agreement? Yes No
- Do you agree to have an annual TB test and all required vaccinations? Yes No
- Do you authorize Adventist Health to conduct a background check? Yes No

Please note that any charges or convictions discovered during the background check do not automatically bar you from becoming an Adventist Health Volunteer.

Why do you want to volunteer at Adventist Health? _____

Are you related to a current or former employee or volunteer at our hospital or any other Adventist Health Hospital?

Yes No ____ If Yes, Name: _____ Department: _____

How did you hear about our organization? _____

Provide two references (name, phone number/email/address, and relationship):

Signature of Applicant: _____ Date: _____

Additional Application Questions for Junior Volunteers

Please attach the following to your application:

- One (1) Letter of Recommendation from school counselor/advisor/teacher
- One handwritten paragraph on your reasons for wanting to volunteer at Adventist Health

Are you volunteering to fulfill a class requirement or community service credit? Yes No

If so, please complete for following:

Number of hours required: _____ Required Date of Completion: _____

Name of Program: _____

Name of Program Supervisor: _____ Phone: _____

Signature of Program Supervisor: _____

Is your desire to volunteer with Adventist Health a career goal? If so, please explain: _____

Parent/Guardian Information, Authorization, and Acknowledgment

Parent/Guardian Name: _____

Parent/Guardian Phone Number(s): _____

I am aware that the Adventist Health Junior Volunteer Program requires that I (my dependent) perform at least one 3-hour volunteer service shift per week. I also understand that the Program requires a one-year commitment of my (my dependent's) time. I verify that I have (my dependent has) transportation to complete this Program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant (Dependent): _____ Date: _____