

ADVENTIST HEALTH UKIAH VALLEY
ADULT VOLUNTEER APPLICATION

Date _____

Last Name _____ First _____ Mi _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Date of Birth _____

Check Appropriate Box(es) Retired Unemployed Employed Student

If student, list school and graduation date: _____

If employed, list name of employer: _____

How did you become aware of the Adventist Health Ukiah Valley Volunteer Program?

Let us know about your previous volunteer experience:

What did you like best/least about your previous volunteer experiences?

Do you have any special skills that you would like to use while volunteering?

Which day(s) of the week and time of day are you available to volunteer?

Are you a current or former employee or volunteer of our hospital, or any other Adventist Health hospital? No Yes

If yes, which hospital? _____ When? _____

Which department? _____ Employee Volunteer

Are you related to a current or former employee or volunteer of our hospital, or any other Adventist Health hospital? No Yes

Name: _____ Department _____

Do you have any medical/physical limitations that might affect your volunteer duties? Yes No

If yes, please explain: _____

REFERENCES – Please provide an email address or phone number for each reference.

Someone you have volunteered for:

Name: _____

Organization: _____ Dates of Volunteering: _____

Phone: _____ Email: _____

Comments: _____

Someone who has employed you:

Name: _____

Business: _____ Years Worked: _____

Phone: _____ Email: _____

Comments: _____

A personal reference, not related to you:

Name: _____

Phone: _____ Email: _____

Relationship: _____ Years Known: _____

Comments: _____
