\*Please return completed application to the Volunteer Coordinator in SVMC Volunteer Office\*



PERSONAL INFORMATION											
Last Name (please print)	First Name			Middle Initial							
Address	City State Z		Zip								
Home Phone#	Cell Phone#			Email Address							
Are there activities or conditions you must avoid related to your health? Yes/ No If yes, please explain:  AREA OF INTEREST											
Note: Every effort will be made to accommodate your request. However, all volunteer opportunities and schedules are subject to availability  Adult Volunteer Please List Specific Department/Area of Interest: Clergy Volunteer Comfort Companion Spiritual Care Volunteer Pet Partner Volunteer											
AVAILABILITY											
Circle all days you are available		М	Т	w	TH	F	SAT	SUN			
What hours are you available each morning? What hours are you available each afternoon?						-					
Would you be interested in participating in any additional volunteer programs? Yes/No Would you be interested in holding a leadership position? Yes/No If you are selected as a volunteer, do you have transportation? Yes/No											
Were you recommended by a current Volunteer If yes please list Volunteer Member Name:  Please list two professional references (not related to you):											
Name/or Organization	Relationship to you		you	Length of relationship			Phone number				
			-								
ACADEMIC BACKGROUND (Optional):											
Grade Level Completed											

\*Please return completed application to the Volunteer Coordinator in SVMC Volunteer Office\*



## SIERRA VIEW APPLICATION FOR ADULT VOLUNTEER SERVICES

MEDICAL CENTER (Must be at least 18 years of age to apply)

WORK/VOLUNTEER	R/COMMUNITY SER	VICE EXPERIENCE	(Please attach resume to application)			
Employer or Organ Summary of Dutie		Position	Length of Service	Length of Service		
Employer or Organ Summary of Dutie		Position	Length of Service			
SKILLS Please describe wh Computer Program Customer Service	ns:	ess and would be v	willing to share as a volunteer:			
creed, gender (included observance or practice partner status, age, recancer or a record or breastfeeding or relations made of the perception that an perceived as having a state of the percei	ling gender identity at be, including religious national origin or ance history of cancer, an ted medical condition unlawful by federal, st nyone has any of thos any of those characte us practices or qualifi	nd gender expression of dress or grooming prestry, physical or mend genetic characterist), genetic information tate, or local laws. It see characteristics, or eristics. Discrimination in discrimination in the discrimination of the discrimination of the second series of the discrimination of the discrimination of the discrimination of the second series of the discrimination of the discrimination of the second series of the sec	nter are provided without regard to race, color, on), religion (all aspects of religious beliefs, practices) marital status, registered domestic ental disability, medical condition (including istics), sex (including pregnancy, childbirth, on, sexual orientation, veteran status or any other talso prohibits unlawful discrimination based on it is associated with a person who has or is ion can also include failing to reasonably disabilities where the accommodation does not	ther on		
opportunities. This c unlawful discrimination Your signature indicate will necessitate refust you obligated to access Policy, and Standard All volunteers are exp	ommitment applies to on by any employee of ites your approval for al/removal from volur ept the position offere is of Performance. Dected to abide by SN	o all persons involved or volunteer of the Ho SVMC to verify the nteer service. SVMC d. Volunteers are su	rs providing equal employment d in the Hospital operations and prohibits ospital, including supervisors and coworkers. information provided. Any false statement given is not obligated to provide placement, nor are ubject to SVMCs Dress Code Policy, Conduct gulations that govern their actions, including but all responsibility, and drug and alcohol use.	ven re t		
Signature of Voluntee	er Applicant:		Date of Application:			
For Official Use Only:	Interviewed by:		Date:			