



\*Return completed application to the Volunteer Coordinator in SVMC Volunteer Office\*

## APPLICATION FOR VOLUNTEER LEAGUE SERVICES

(Must be at least 18 years of age to apply and able to volunteer 2 shifts per month)

### PERSONAL INFORMATION

Last Name (please print)                      First Name                      Middle Initial

Address                      City                      State                      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.

- Front Lobby/ Information Desk
- Gift Shop
- Volunteer Medical Assistant Desk
- Volunteer Surgery Information Desk
- Volunteer Radiology Greeter Desk

### AVAILABILITY

Circle all days you are available	M	T	W	TH	F	SAT
Are you available to Volunteer for a Morning Shift: 8:00am – 12:30pm						
Are you available to Volunteer for an Afternoon Shift: 12:30pm- 4:00pm						

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 selected as a volunteer, do you have transportation? Yes/No

### REFERENCES

Were you recommended by a League Member?  Yes  No

If yes please list League Member Name:

**Please list two professional references (not related to you):**

Name/Organization	Relationship to you	Length of relationship	Phone number

### ACADEMIC BACKGROUND (Optional)

Grade Level Completed \_\_\_\_\_

Language Other Than English \_\_\_\_\_

Career Objective/Long Term Goal? \_\_\_\_\_



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**WORK/VOLUNTEER/COMMUNITY SERVICE EXPERIENCE (Please attach resume to application)**

Employer or Organization	Position	Length of Service
Summary of Duties:		

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Summary of Duties:		

**SKILLS**

Please describe which skills you possess and would be willing to share as a volunteer:

Computer Programs: \_\_\_\_\_

Customer Service: \_\_\_\_\_

Opportunities for volunteer service at Sierra View Medical Center are provided without regard to race, color, creed, gender (including gender identity and gender expression), religion (all aspects of religious beliefs, observance or practice, including religious dress or grooming practices) marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition (including cancer or a record or history of cancer, and genetic characteristics), sex (including pregnancy, childbirth, breastfeeding or related medical condition), genetic information, sexual orientation, veteran status or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. Discrimination can also include failing to reasonably accommodate religious practices or qualified individuals with disabilities where the accommodation does not pose an undue hardship. All such discrimination is unlawful.

The Hospital is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the Hospital operations and prohibits unlawful discrimination by any employee or volunteer of the Hospital, including supervisors and coworkers. Your signature indicates your approval for SVMC to verify the information provided. Any false statement given will necessitate refusal/removal from volunteer service. SVMC is not obligated to provide placement, nor are you obligated to accept the position offered. Volunteers are subject to SVMCs Dress Code Policy, Conduct Policy, and Standards of Performance.

All volunteers are expected to abide by SVMC policies and regulations that govern their actions, including but not limited to those of ethical behavior, confidentiality, financial responsibility, and drug and alcohol use.

Signature of Volunteer Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

All active League members must have a TB skin test, either by your personal physician or at the Hospital. Hospital TB skin tests are free of charge, because the Hospital feels this test is of benefit to you and the patients.

All Hospital Volunteers are subject to the approval of the Board of Directors and Administration. Volunteer League members are subject to specific dress code guidelines and annual dues.

White slacks, pink smocks, matching shades of pink or white blouse (black smock for males), t-shirt, or shell and closed toe white rubber heel shoes are required. Smocks may be purchased at the Gift Shop. Dues are paid annually.

For Official Use Only:	Interviewed by: _____ Date: _____
	Recommend for Volunteering: Yes/No