

California Hospital Medical Center

Adult-Student Volunteer Application Packet

The complete volunteer application packet for adult applicants consists of:

- Completed Volunteer Application Form
- Letter of Reference
(may be submitted with application or under separate cover)
- Personal Statement
- Signed Background Screening Authorization Form

Completed application packets may be submitted:

- Via email to CHMC-Volunteer@dignityhealth.org
- Via fax to (213) 742-5875
- Via snail mail to:

California Hospital Medical Center
ATTN: Volunteer Services
1401 S. Grand Ave., Leavey Hall #304
Los Angeles, CA 90015

- In person to the Volunteer Office

Upon receipt of application, an email from the background screening company HireRight will be sent to the email address included on your application. You must follow the link and complete the form. Successful candidates will be provided forms and instructed, via email, to obtain a health screening from the CHMC Employee Health Services Department.

If you have any questions, please do not hesitate to contact the Volunteer Services Department at 213-742-5707.



Dignity Health.
California Hospital
Medical Center

Student Volunteer Application

PERSONAL INFORMATION please print			
Last Name	First	Nickname	
Address		Unit	
City		Zip Code	
Home Phone		Cell Phone	
Email Address		Work Phone	
Date of Birth		GENDER M F	
Social Security Number		Driver's License Number (State & Number)	
PARENT/GUARDIAN/EMERGENCY CONTACT INFO:			
Name		Relationship	
Address		Unit	
City		State	Zip Code
Home Phone		Work Phone	Cell Phone
SCHOOL INFO			
Name		Address	
Phone		Graduation Year	GPA
Are you volunteering to fulfill a requirement for hours?		YES	NO
If YES, number of hours required		Required date of completion	
Name of school, class, or other organization requiring these community service hours:			
How long are you interested in volunteering?		3-6 months	6-12 months
			12 months or more
VOLUNTEER/EMPLOYMENT HISTORY			
Enter most recent or current experience		Volunteer	Employment
Organization			
Dates of experience			
Supervisor			
Contact Number (If we can contact)			

California Hospital Medical Center
Volunteer Services Department, Leavey Hall, Suite 304, 1401 S. Grand Ave., Los Angeles, CA 90015
tracy.nordbak@dignityhealth.org~phone (213)742-5707~fax (213)742-5875

INTEREST AND APPTITUDE

How did you become aware of our program? (please be specific)

Do you have family of friends who work or volunteer in our medical center? Yes No
 If so, who? Where?

What foreign languages do you speak?

What type of service would you like to participate in? (Please rate 1 – 4 in order of preference.)

	<i>Interact with and help visitors in public areas of the hospital</i>
	<i>Interact with and patients in patient care areas</i>
	<i>Interact with and help patients in non-patient care areas such as admitting and registration</i>
	<i>Interact with and help staff with tasks that enhance the care that patients receive</i>

What skills and talents could you share with our patients and staff? (Please check all that apply).

<i>Photography</i>		<i>Public Speaking</i>		<i>Sewing</i>	
<i>Design & Graphics</i>		<i>Musical Instrument</i>		<i>Knitting/Crocheting</i>	
<i>Accounting</i>		<i>Voice</i>		<i>Computer Skills</i>	
<i>Other(describe)</i>					

The goal of the Volunteer Services Department is to meet the needs of the patients, staff and visitors of CHMC. It is understood that in meeting this goal, the needs of the hospital will be met before the wishes of the volunteer.

Volunteer service at California Hospital Medical Center is given on a regular, recurring basis.
 What is your availability? *This is an estimate and does not represent a commitment to serve at these times.*
 Please circle the days, and indicate the time of day, you are available to volunteer.
 Please ~~mark out~~ the days you are unable serve.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Time							

California Hospital conducts background checks on volunteer candidates 18 years of age and older.
 All applicants, regardless of age, must respond to the following questions: (Please consider your current name or any other name you have used when responding.)
Please note that no applicant will be denied an opportunity to volunteer solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position applied for will be considered.

Are you obligated to fulfill court ordered community service?	Y	N
Have you ever been convicted of a criminal offense? (Misdemeanor or Felony)	Y	N
Do you have any charges pending against you which are unresolved?	Y	N
Have you ever been arrested for any sex or drug related offense?	Y	N

If the response to any of these questions is YES, use this space to explain.

VOLUNTEER AGREEMENT AND CERTIFICATE OF INFORMATION

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I understand and agree to hold as absolutely confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning California Hospital Medical Center (CHMC), its patients/families, staff and volunteers. I further agree to comply with the policies and procedures, as well as safety practices in all areas of CHMC. Your signature indicates your approval for us to check references. CHMC is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, race, national origin, age or gender. I understand and agree that nothing contained in this application, or conveyed during any interviews, which may be granted, or during my volunteer tenure is intended to create an employment contract between me and any Dignity Health affiliate. In addition, I understand & agree that I serve at the discretion of CHMC, for no definite or determinable period of time, and the relationship may be terminated at any time with or without notice, and with or without cause. Volunteer Service is freely given for humanitarian, religious or personal reasons, without contemplation of compensation.

Printed Name

Signature	Date
Parents' Signature (if minor):	Date



California Hospital Medical Center
Volunteer Services Department

Personal Statement

Thank you for your interest in volunteering at CHMC.

Name _____ Date _____

Applicants must complete the following essay questions (Feel free to use the front and back of this page):

- A. Please submit a paragraph answering the question “Why are you interested in volunteering at California Hospital Medical Center?”

- B. Please select one of the following and write a 3-paragraph essay:
 1. Helping others sometimes happens without the person realizing that they have made a difference. Write about a situation where someone helped you or made you feel better without knowing what they had done.
 2. “A civilization flourishes when people plant trees under which they will never sit.” How does this Greek proverb relate to volunteering?
 3. In order to reach personal goals, one has to know what they are. Write about a goal that you would like to accomplish over the course of the next year.



California Hospital Medical Center
Volunteer Services Department

LETTER OF REFERENCE

Each person who applies for volunteer work at California Hospital Medical Center must provide a letter of reference from a non-family member of at least 1 years' acquaintance. Your comments will help us to select candidates who will best-serve our organization and benefit from our program. Please feel free to use this form or attach a separate page. Thank you for your time and consideration.

If you have any questions, please contact Tracy Nordbak, Director of Volunteer Services, at (213)742-5707.

Please return to: California Hospital Medical Center
1401 S. Grand Ave.
Los Angeles, CA 90015
Attn: Volunteer Services Department

Name of candidate _____

Name: _____ Phone: _____

Address: _____

Relationship to candidate _____ Length of acquaintance: _____

Signature: _____ Date: _____

Form No. 3

DISCLOSURE AND AUTHORIZATION FORM

Catholic Healthcare West may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may 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: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's 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, upon submitting proper identification. HireRight 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.

NEW YORK: You have the right, upon request, to be informed of whether or not a 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.

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 agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Applicant Social Security Number _____

Applicant Date of Birth _____

Applicant Place of Birth _____