

California Hospital Medical Center

Adult Volunteer Application Packet

The complete volunteer application packet for applicants over the age of 18 years consists of:

- Completed Volunteer Application Form
- Letter of Reference (may be submitted with the application or under separate cover)

Completed application packets may be submitted:

- Via scanned email (no photographed application please) to CHMC-Volunteer@dignityhealth.org or tracy.nordbak@dignityhealth.org
- Via USPS 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 the application, interview, and preliminary acceptance into the CHMC volunteer program, an email from PreCheck, the background screening company contracted by Common Spirit Health, will be sent to the email address included on your application. You must follow the link and complete the form. Results will be returned to the Volunteer Department.

Successful candidates will be provided forms and instructed, via email, to obtain a health screening from the CHMC Employee Health Services Department and/or a contracted entity.

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

Volunteer Application

Date:

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)	
EMERGENCY CONTACT INFORMATION		
Name	Relationship	
Address		Unit
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
EMPLOYMENT INFORMATION enter most recent or current experience		
Organization	Position	
Address		
VOLUNTEER INTEREST		
Are you volunteering to fulfill a requirement for hours? YES NO	Number of hours	Date of completion
Organization requiring community service hours:		
Have you volunteered previously? Tell us about it-where, what, duration:		
Please tell us why are you interested in volunteering at CHMC?		

INTEREST AND APTITUDE

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

Do you have family or 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.)

Interact with and help visitors in public areas of the hospital

Interact with and patients in patient care areas

Interact with and help patients in non-patient care areas such as admitting and registration

Interact with and help staff with tasks that enhance the care that patients receive

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

Photography *Public Speaking* *Sewing*

Design & Graphics *Musical Instrument* *Knitting/Crocheting*

Accounting *Voice* *Computer Skills*

Other(describe)

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.

Signature Date



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 via email:
tracy.nordbak@dignityhealth.org
or USPS:
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: _____