

**California Hospital Medical Center  
High School Student  
Volunteer Application Packet**

The complete volunteer application packet for high school student applicants consists of:

- Volunteer Application Form
- Confidential School Recommendation
- Personal Statement
- Copy of most recent report card including attendance record (If report card does not contain the number of absences you must submit a separate attendance record.)

Completed application must be submitted in its entirety:

- 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
- Via scanned email (no photographed applications please) to [CHMC-Volunteer@dignityhealth.org](mailto:CHMC-Volunteer@dignityhealth.org) or [Tracy.nordbak@dignityhealth.org](mailto:Tracy.nordbak@dignityhealth.org)

Upon receipt of application, applicants will be invited to interview. Successful candidates will be required to complete a health screening (provided free of charge) by the CHMC Employee Health Department and/or a contracted entity.

If you have any questions, please 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](mailto: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 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 help 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.

Printed Name

Signature

Date

Parents' Signature (if minor):

Date





**Dignity Health**  
California Hospital  
Medical Center

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.