



ADULT VOLUNTEER APPLICATION

PLEASE PRINT-Incomplete applications will not be processed

Applicant's Name _____
Last First MI

Home Address _____
Street City State Zip

Phone: Home () _____ - _____ Cell Phone () _____ - _____

Birth date ____ / ____ **Email** _____
Day Month

Are you currently employed? Where _____ **Position** _____

Work Phone () _____ - _____

Why do you want to volunteer at West Hills Hospital & Medical Center?

Have you had any previous volunteer experience? Yes No

If YES, Where? _____ When? _____

What were your duties? _____

Skills/Training

- Writing Organizing Answering Phones Copying/Filing Customer Service
- Communications Creativity Typing /Data Entry Scheduling Computers Counseling
- Event Planning/Organizing Other _____

Special Skills/Interests/Hobbies

How did you hear about our volunteer program?

- Friend (Name) _____ Newspaper (Which Paper) _____
- Online WHH&MC Employee (Name of employee) _____

Do you know anyone currently volunteering at WHH&MC?

Yes No If yes, (Name) _____

Areas of volunteer interest within WHH&MC (check all that apply) All volunteers must start in Errands & Escort

- Auxiliary (Gift Shop) Dietary Medical Records Engineering Errands & Escort *NICU
- Lobby/Reception Surgery Waiting Room Facility/Materials Radiology Purchasing
- *Nursery Labor/Delivery DOU *ER MRI Donor/Infusion *Pharmacy
- Other _____

What day(s) can you be available for volunteering? *Must complete minimum 4 hours per week.*

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: *AM Shift* 8am-12pm *PM Shift* 12pm-4pm *Evening Shift* 4pm-7pm (sometimes 8pm)

Can you be available as a backup/substitute to fill in for Volunteer LOA's or Vacations? Yes No

References – Two references required with application. You may also attach letters of recommendation

(1) Professional Reference

Full Name	Company	Title
Work Phone	Email	
Relationship to Applicant		

(2) Personal Reference (Non-family member)

Full Name	Company/School	Title
Work Phone	Email	
Relationship to Applicant		

*** Denotes special training and certifications needed**

Emergency Contact

Full Name

Address

Work Phone

Home Phone

Cell Phone

Relationship to Applicant

The Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

I understand that West Hills Hospital & Medical Center's Volunteer Services Department requires that I volunteer a minimum of 4 hours per week for minimum of six months. I make this commitment knowing that West Hills Hospital & Medical Center personnel will devote time for my training and orientation so that I may become an active member of the Adult Volunteer Program.

I also understand that as a WHH&MC Volunteer I will be expected to consistently behave in a manner reflecting a positive image of WHH&MC and the Volunteer Services Department.

As a hospital volunteer, I promise faithful and regular service and to uphold the standards of West Hills Hospital & Medical Center at all times.

Signatures Required

Applicant

(Today's date)

The information I have provided is accurate and correct to the best of my knowledge. _____
Initial

FOR OFFICE USE ONLY

Application Received _____ **By** _____

Other _____