APPLICATION FOR VOLUNTEER SERVICE

It is the policy of CHA Hollywood Presbyterian Medical Center (HPMC) to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statues, regulations and ordinances.

All volunteers are required to complete a minimum of 100 hours of service

Last Name:	First name:	
Address:		
City:	State:	Zip code:
Home Phone:	Cell Phone:	
Date of Birth:	E-mail Address:	

VOLUNTEER EXPERIENCE		
Please list most recent volunteer experience:		
Organization:	Dates of Service:	
Address:	Phone:	Supervisor:
Describe your Volunteer Duties:		
Are you currently attending school? ☐ Yes ☐ No	Name of school:	
Language Skills::	Are you volunteering to fulfill class requirements for Community Service Credit? ☐ Yes ☐ No	

EMERGENCY CONTACT INFORMATION

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

VOLUNTEER SCHEDULE

Please indicate the shift and day you are available to volunteer:

Shift #1 8:00am-12:00pm   **Shift #2** 12:00pm-4:00pm   **Shift #3** 4:00pm-8:00pm

Shift Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you anticipate volunteering after you have completed your 100 hour commitment?
☐ Yes   ☐ No

How did you learn about the Volunteer Program at Hollywood Presbyterian Medical Center?

Why did you decide to volunteer at Hollywood Presbyterian Medical Center?

LIMITATION RELATED TO HEALTH

Do you have any physical or medical condition in which it may limit your ability to perform the work of a volunteer?   Yes ☐ No ☐

If "Yes", please advise as to necessary accommodation

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain when, where, and the disposition of case:	Are you presently out on bail or on your own recognized pending trial? Yes ☐ No ☐

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CERTIFICATION OF INFORMATION

Read the following carefully before signing.

Believing that Hollywood Presbyterian Medical Center has need of my services as a volunteer I agree:

- To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, families, physicians, or staff.
- That I am applying for an unpaid volunteer position, will donate my personal time to HPMC without contemplation of compensation, or future employment.
- By accepting a volunteer positon, I will comply with HPMC's rules, standards, and policies.
- That I undestand HPMC reserves the right to require its volunteers to submit a blood test or urinalyses for alcohol or drug screen, or to allow inspection of bags (including purses or briefcase) or parcels brought into or taken out of HPMC. I understand that refusal to submit to a urinalysis , blood test or search, when requested to do so, may result in termination of my volunteering.

I hereby cartify the answers to the foregoing questions are true and complete and I agree to have any of the statement check by HPMC, unless I have indicated to the contrary. I understand that any omission, misrepresentation or falsificationcan be grounds for refusal of volunteering. I further understand that, if volunteering, any false statements or misrepresentation herein or in conjunction with the application process may be grounds for termination.

Applicant Name (please print)_____

Applicant Signature _____ **Date** _____

Parent/Guardian Signature (minors only)_____**Date**_____

FOR OFFICE USE ONLY: Volunteer Type ☐ **Jr.** ☐ **Adult** ☐ **AYE**

Orientation Date	Interview Date
Assignment	Background Completed ☐
Schedule	Service Description given ☐
Starting date	Badge ☐ given ☐ returned
Uniform ☐	Orientation checklist ☐ given ☐ returned
PPD/X-Ray	Re-Orientation

Comments:
Counseling Date:
Termination Date: Reason:

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