

VOLUNTEER APPLICATION

**PLEASE READ CAREFULLY, WRITE CLEARLY, AND ANSWER ALL QUESTIONS
EXCEPT WHERE INDICATED. THANK YOU!**

Months available for volunteering: | Year-round | Seasonal: _____ to _____ |

PLEASE PRINT

| Mr. _____ | Mrs. _____ | Ms. _____ | (Please check one)

NAME _____
Last First Middle

ADDRESS _____
Number and Street City State Zip Code

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____ E-MAIL: _____

Sex: | Male _____ | Female _____ | Social Security Number: _____

Spouse: _____ IN EMERGENCY CONTACT: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Physician: _____ Phone: (____) _____

REFERENCES

Name: _____ Phone: (____) _____ Ext. _____

Address: _____ State: _____ Zip: _____

Comments: _____

Name: _____ Phone: (____) _____ Ext. _____

Address: _____ State: _____ Zip: _____

Comments: _____

How did you first hear about Bonita Community Health Center's Volunteer Program?

| Current/Former Volunteer, Name _____ | Media |

| Other _____ |

Birthdate: _____ High School Graduate: | Yes | No |
Month Day Year

Years College: _____ Degree(s) Earned: | BS | MS | PhD |

Major: _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Languages: _____

Volunteer Experience/Community Affiliations: _____

Recreation/Hobbies: _____

What do you hope to achieve as a volunteer? _____

SCHEDULING PREFERENCES

WORK TIMES: | Morning | Afternoon | Evening |

WORK DAYS: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

COMMENTS: _____

PLEASE READ AND SIGN:

**IF ACCEPTED INTO THE BONITA COMMUNITY HEALTH CENTER
VOLUNTEER PROGRAM, I AGREE TO:**

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff.
2. Honor my commitment to a specific job assignment.
3. Donate my services without contemplation of compensation or future employment.
4. Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
5. Furnish the appropriate volunteer uniform and maintain a well-groomed appearance.
6. Attend orientation and inservice training as scheduled.
7. Carry out all assignments in a professional manner, and seek the assistance of my supervisor when necessary.
8. Discuss any problems, criticism or suggestions with my supervisor.
9. Become familiar with and adhere to BCHC's policies and procedures.
10. Adhere to the volunteer department's sign-in procedure.
11. Notify my supervisor if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
12. Honor the minimum commitment of volunteer services with the first 25 hours being a probationary period.
13. I understand that the Business Coordinator reserves the right to terminate my volunteer status as a result of (a) failure to comply with health system policies; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the supervisor, would make continued services as a volunteer contrary to the best interests of Bonita Community Health Center and its patients.
14. I, the undersigned, consent to any (1) pre-volunteer testing required by Bonita Community Health Center; (2) annual health testing required by Bonita Community Health Center.

I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that mis-statements of material facts may cause me to be disqualified from holding a volunteer position at Bonita Community Health Center.

I have read each of the above conditions, and agree to honor them.

Volunteer's Signature

Date

FOR OFFICE USE ONLY

1. POSITION: _____

DAY(S): _____ SHIFT (Hours) _____ to _____

Supervisor _____

2. POSITION: _____

DAY(S): _____ SHIFT (Hours) _____ to _____

Supervisor _____

| Placed _____ | Unable to Place _____ |

Comments: _____

	<u>DATE</u>	<u>BY WHOM</u>
Orientation	_____	_____
Interview	_____	_____
Uniform	_____	_____
Welcome Letter	_____	_____
Resigned	_____	_____
