



MEMBERSHIP CHAIRMAN
 Auxiliary Office – Oak Valley Hospital
 350 S. Oak Avenue
 Oakdale, CA 95361
 (209) 848-4170

Online VOLUNTEER APPLICATION

Date available to start:	Today's Date:		
Last Name:	First Name:		
Mailing Address:			
City	Zip	Home Phone:	
Email:	Cell Phone:		

EMERGENCY CONTACT INFORMATION:			
Name:		Relationship:	
Address:		City	State Zip
Home Phone:	Cell Phone:	Work Phone:	
EMPLOYMENT: <input type="checkbox"/> Current <input type="checkbox"/> Last <input type="checkbox"/> Retired			
Company:		Position:	
Address:		Phone:	
INTERESTS AND SKILLS:			
Please list skills, interests, & hobbies:			
REFERENCES: (include name and telephone number – no family members, please)			
Name:		Phone:	
Name:		Phone:	
VOLUNTEER INFORMATION:			
How did you learn about the volunteer program?			
Do you have family or friends who work at Oak Valley Hospital?			
Do you have any previous or current volunteer experience? Where?			
How long are you willing to volunteer?	12 months or more		

How many hours per week are you willing to volunteer?

Do you have a specific area where you wish to volunteer?

Patient Services Gift Shop Clerical Care Center Information Desk Computer Work Fundraising

VOLUNTEER SHCEDULE/TIME PREFERENCES: (list hours available to volunteer)

Indicate Preference	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION PROVIDED:

Please read carefully before signing. If you have any questions on this application, please ask for assistance. Believing that Oak Valley Hospital (herein referred to as OVHD) has need of my volunteer services, I agree to:

- Hold as confidential all privileged, and or sensitive information, which I may obtain directly or indirectly regarding OVHD, its patients, families, staff, and volunteers
- Donate my personal time to OVHD without contemplation of compensation, or future employment.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize OVHD to investigate and/or verify the foregoing information, and any other information, which might assist them in determining my qualifications for volunteering. I release OVHD and my former employers, and all other from liability from damage, which may result from such investigation, if upon, such investigation, anything contained in this application is found to be untrue. I further agree to comply with the policies and procedures, as well as safety practice in all areas of OVHD. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of OVHD including those of the Volunteer Services Department, for absence without notification, for reasons of unsatisfactory attitude, work, personal appearance, and for any other circumstances which, in the judgment of OVHD would make my continued service as a volunteer contrary to their best interests. I understand that OVHD reserves the right for placement into a specific volunteer service area.

ANY PERSON WHO KNOWLINGLY GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL.

This application is for volunteer positions for persons out of high school. If still enrolled In high school, please complete the application for Junior Volunteers.

Yearly dues of \$10 is due upon acceptance of membership. Please make check payable to: *OVHD*

Signature:	<i>Volunteers.</i>	Date:
------------	--------------------	-------

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY:

Date Application Sent:	Date Application Received:
Auxiliary Dues Paid:	Application Date to HR:
Orientation Date:	ID Badge:
HIPAA Signed:	Background Check:
TB Test completed:	Auxiliary Welcome Package Sent:
Start Date:	Chairman/Notified Date:

Volunteer Area:

Signature – Membership Chairman:	Date:
----------------------------------	-------