

Riverside Community Hospital Volunteer Department
Adult Volunteer Application
4445 Magnolia Ave. Riverside, CA 92501 951-788-3108

Directions: Please print and completely fill out the application.

Personal Information

Personal Information		
Last Name	First Name	Middle Initial
Address		Home Telephone Cell
City	State	Zip
Language(s) you speak (other than English) <input type="checkbox"/> understand <input type="checkbox"/> write <input type="checkbox"/> speak	Email address:	
Name of College: (Only if currently enrolled)	City	Grade Point Average
Please list any involvement in any of the following: community activities:	School Clubs:	Student Government:
Youth/Community Groups:	Name of Employer and Phone #	

Skills

Availability

What Skills do you have:	<i>Please indicate the hours/shift and day of the week you would be available.</i>							
<input type="checkbox"/> filing <input type="checkbox"/> typing _____ wpm	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<input type="checkbox"/> cashier/sales <input type="checkbox"/> answering phones	<i>Morning:</i> 6 to 10 a.m. / 7 to 11 a.m. 8 a to noon / 8:30 a to 12:30							
<input type="checkbox"/> photocopying <input type="checkbox"/> art/music	<i>Afternoon</i> 12 noon-4 pm							
<input type="checkbox"/> computer (i.e. Word, Excel, PowerPoint)	<i>Evening</i> 4 pm-8 pm Can volunteer until 11 p.m.							
<input type="checkbox"/> Other. Please explain:	Other:							
Is this a requirement for school? If yes, which program?	Area of Interest for volunteer work at RCH:							

Medical Information

Are you able to perform the essential tasks of the volunteer position for which you are applying with or without reasonable accommodation? Please describe which tasks, if any, you need accommodation to perform, and explain what type of accommodation you will need.

Employment History

Employer: _____ From: _____ To: _____
 Address: _____ City/Zip: _____
 Phone: _____ Reason For Leaving: _____

Emergency/Physician Information

<i>Name of Person to Notify in Case of Emergency</i>		<i>Relationship:</i>	
<i>Address:</i>	<i>Daytime Phone Number</i>	<i>Evening Phone</i>	
<i>City/State/Zip Code:</i>			
<i>Name of Personal Physician</i>	<i>Phone Number</i>	<i>Facility:</i>	

General Information

How did you hear about our Volunteer Department?

Friend Relative School Other: _____

Have you ever served as a volunteer with us before? Yes No If yes, what year? _____

Have you had any previous volunteer experience? Yes No

If yes, please describe: _____

Have you ever been convicted of misdemeanor or felony other than a traffic violation? Yes No
In responding to this question, you should not report (in other words, you should not answer "yes") with respect to any of the following: (a) minor traffic violations, (b) marijuana-related convictions dated more than two years ago, (c) convictions that have been judicially dismissed pursuant to California Penal Code Section 1203.4. You also should not provide any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program. A prior conviction will not necessarily disqualify you from volunteering.

If yes please explain: _____

Have you ever been known by another name? _____

Are you willing to consent to health screenings provided here at the hospital? Yes No

For scheduling purposes, how will you arrange to arrive here _____

Applicant Statement

Please read the following, and sign below:

- ❖ *I certify that all answers in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.*
- ❖ *I understand that I am volunteering my services free of charge and do not expect **monetary compensation** or **employment**.*
- ❖ *I understand that I will be required to attend additional orientation classes in order to be fully informed about health and safety regulations at Riverside Community Hospital and must successfully complete a short "post test" related to these health and safety regulations once a year.*
- ❖ *I understand and authorize RCH to complete TB and Rubella screenings before I can serve as a volunteer.*
- ❖ *I understand that I will have to authorize a background check in order to volunteer.*
- ❖ *I understand that I have to purchase a volunteer uniform. Auxiliary membership is optional.*
- ❖ *I understand that the position of volunteer requires that I commit to minimum of 200 hours of service, a minimum of 4 hours per week or as assignment requires.*
- ❖ *I understand that any false statements will result in the termination of my volunteer service.*

Applicant's Signature: _____ *Date:* _____