

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA

Application for Adult Volunteer Services

APPLICATION MUST BE FULLY COMPLETED FOR CONSIDERATION

Name _____ Date of Birth _____
Last First M.I. Month/Day
 Address _____ Telephone (____) _____
 City _____ Zip _____ E-mail _____
 Cell Number _____

I am interested in:

☐ Direct Service (In Hospital service only) ☐ Fundraising and Special Events

High School volunteers, complete a “Junior” application.

Have you ever been an employee at Methodist Hospital? Yes ☐ No ☐ If yes, when? _____

Have you ever applied to volunteer at Methodist Hospital before? Yes ☐ No ☐ If yes, when? _____

Have you had volunteer experience? Yes ☐ No ☐ Previous volunteer experience _____

How did you hear about our volunteer program? _____

Name of College presently attending _____

Are you presently employed?_____ If so, where?_____

Date of employment _____ Position _____

If retired, what was your former occupation or business? _____

In Case of Emergency, Notify _____ Relationship _____

Home Phone (____)_____ Work Phone (____)_____

Cell Phone () _____ Other () _____

Have you ever been convicted of a misdemeanor or felony? (You may exclude convictions for which the record has been judicially ordered sealed, expunged, dismissed, or statutorily eradicated, and/or any marijuana-related convictions that are more than two years old.)

Have you been arrested for a crime for which you are currently out on bail or on your own recognizance pending trial? _____

Have you ever been arrested for a sex-related offense as specified in Cal. Penal Code 290? _____

Have you ever been arrested for a drug-related offense as specified in Cal. Health and Safety Code 11590? _____

If the answers to any of these questions is yes, provide dates and relevant information.

(OVER)

Time Available: (Please indicate time you are available to serve)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Are there any work activities or conditions you must avoid? _____

Personal Reference _____ () _____
 Name Address Telephone
 _____ () _____
 Name Address Telephone

Interest/Skills (Please indicate which you would be willing to share as a volunteer)

Clerical skills	<input type="checkbox"/> typing <input type="checkbox"/> filing <input type="checkbox"/> receptionist <input type="checkbox"/> using copier <input type="checkbox"/> sales <input type="checkbox"/> cash register <input type="checkbox"/> bookkeeping <input type="checkbox"/> alphabetizing <input type="checkbox"/> computer (specify _____) <input type="checkbox"/> other (specify _____)
Patient care services	<input type="checkbox"/> messenger service <input type="checkbox"/> patient escort <input type="checkbox"/> coffee service <input type="checkbox"/> other (specify _____)
Communication skills	<input type="checkbox"/> journalism <input type="checkbox"/> calligraphy <input type="checkbox"/> graphic design <input type="checkbox"/> fundraising <input type="checkbox"/> foreign language (specify language _____) <input type="checkbox"/> other (specify _____)
Personal skills	<input type="checkbox"/> art <input type="checkbox"/> crafts <input type="checkbox"/> flower arranging <input type="checkbox"/> baking/cooking <input type="checkbox"/> knitting <input type="checkbox"/> woodcutting <input type="checkbox"/> needlework/sewing <input type="checkbox"/> musical instrument <input type="checkbox"/> other (specify _____)

Additional Skills/Comments:

Special area of interest in volunteering:

Please give any other information you feel would be pertinent to your application:

The volunteer service department is not obligated to provide a 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. The above information is accurate and correct to the best of my knowledge.

Signature _____ **Date** _____

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 c/o Volunteer Services
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 (626) 574-3646 phone ♦ volunteerservices@methodisthospital.org ♦ (626) 821-6922 fax