



APPLICATION FOR MEMBERSHIP

Please print and fill out this form and mail, fax, or deliver to:
 Volunteer Services, Santa Barbara Cottage Hospital
 Pueblo and Bath Streets, PO Box 689
 Santa Barbara CA 93102
 805/569-7357 Fax 805/682-8423

Date _____

Mr./Mrs./Ms. Last Name First Name Spouse's First Name

Address _____

City ZIP Code

() Telephone E-mail

/ / Date of Birth M F Gender

()

Emergency contact Phone

REFERENCES

Name	Relationship	Telephone
		()
		()
		()
		()

FOR OFFICE USE ONLY:

Uniforms are available for purchase in the Auxiliary Office. Please make a check payable to Cottage Hospital Auxiliary. Purchase of uniform and payment of dues required before permanent assignment.

<u>Types of Membership</u>	<u>Annual Dues</u>
Active Adult	\$10
College Student	\$5
Associate/Sustaining	\$25 or more

Uniforms

Jacket	\$15
Blazer (on loan)	\$15

FOR OFFICE USE ONLY:

- Interviewer _____ Date _____
- Assigned Area _____
- Badge _____
- Employee Health Approval Results Received _____
- Confidentiality Agreement
- Orientation Date: _____
- Dues Paid Date: _____
- Uniform Paid Date: _____
- Therapy Dog Qualifications (if applicable)
 - Vet Report
 - TDI/Love on a Leash Certification

Please mark the times you are available to volunteer:

Approximate Times	SUN	MON	TUE	WED	THU	FRI	SAT
8 am-12 pm							
12 pm-4 pm							
4 pm-8 pm							
8 pm-12 am							

Foreign Language Skills _____

Other Education or Special Training _____

Are you currently employed? Yes No If so, where? _____

Are you attending school? Yes No If so, where? _____

Please check the area(s) that interest you:

- | | | |
|------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Admitting Charts | <input type="checkbox"/> ICU | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Adventures in Caring (Raggedy Ann/Andy) | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Pet-Assisted Therapy |
| <input type="checkbox"/> Caring Hands (Sewing) | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Pre-Surgical |
| <input type="checkbox"/> CCU | <input type="checkbox"/> Library (Medical) | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Library (Patients) | <input type="checkbox"/> Rehabilitation Hospital |
| <input type="checkbox"/> Compassionate Care | <input type="checkbox"/> Lifeline Services | <input type="checkbox"/> Stitch & Sew |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Menu | <input type="checkbox"/> Surgery Information |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> NICU (Neonatal Unit) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Escort | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Translations |
| <input type="checkbox"/> Eye Center | <input type="checkbox"/> O.B. (M.I./L.&D.) | <input type="checkbox"/> Tray Favors |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Outpatient Surgery | <input type="checkbox"/> Unit Volunteer |

Have you been convicted of a misdemeanor or felony, or are there pending criminal charges against you? Please do not list any marijuana-related conviction more than two years old, any conviction that is "sealed" or "expunged", or referral to any diversion program. Please do list all other convictions, including driving under the influence. Provide a full explanation of the conviction or pending criminal charges. A conviction or pending charges will not necessarily disqualify you from volunteering. Each situation will be considered on its own merits. Falsifying your application by failing to disclose relevant information in response to this question, however, will disqualify you from volunteering. Yes No If Yes, please list/describe:

Are you able to perform essential functions WITHOUT accommodations? Yes No If No, please describe:

I understand and agree that in performing my service as a volunteer of SBCH I must hold patient and other confidential information in confidence. I understand that any violation would be grounds for disciplinary action.

I am volunteering my services to Santa Barbara Cottage Hospital solely for my personal purposes or benefit without promise or expectation of compensation or benefits. I agree to serve as a volunteer without salary for a period of 50 hours or more.

I declare that all of the statements in this application are true, correct, and complete to the best of my knowledge and authorize Cottage Hospital to investigate any statements in determining my eligibility for a volunteer position. I understand that falsification or material omission on this application is grounds for rejection of my application or my dismissal from volunteering. I acknowledge that the continuation of my volunteer position is at the consent of the volunteer and the hospital. This volunteer position is terminable at will by either party.

Applicant's Signature _____

Date _____