

APPLICATION FOR JUNIOR VOLUNTEER MEMBERSHIP



Volunteer Services
 Pueblo and Bath - PO Box 689
 Santa Barbara, CA 93102
 TEL: (805) 569-7357
 FAX: (805) 682-8423

Date: _____

Mr.
 Mrs.
 Ms.

First Name	Middle Name	Last Name
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Mailing Address:

Street, Apt. #	City	Zip Code
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Telephone Number	Date of Birth	Email
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In Case of Emergency Call:

Name	Relationship	Telephone Number
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EDUCATION:

School: _____ Class Standing: FR SO JR SR

Are you volunteering for a class assignment? YES NO

If Yes, What Class? _____ Instructors Name/Phone: _____

Is an Evaluation Required? YES NO Amount of Hours Required: _____

Career Goals: _____

EMPLOYMENT:

Are you currently employed? YES NO Employer's Name/Phone: _____

Approximately how many hours/week do you work? _____

CHARACTER REFERENCE:

Please list a non-parental reference: Name _____ Phone _____

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 - 7 pm							

Foreign Language Skills _____

Other Education or Special Training _____

DEPARTMENT ASSIGNMENT REQUEST
JUNIOR VOLUNTEER

Please check the area(s) that interest you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Admitting Charts | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Central Supply | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Cottage Rehabilitation Hospital | <input type="checkbox"/> Labor & Delivery (Must be 18) | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Library (Patient) | <input type="checkbox"/> Patient Transport |
| <input type="checkbox"/> Escort | <input type="checkbox"/> Lifeline | <input type="checkbox"/> Physical Therapy (Summer) |
| <input type="checkbox"/> Eye Center (Summer Only) | <input type="checkbox"/> Menu's (weekends) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gift Shop (Must be 18) | <input type="checkbox"/> Mother/Infant (Must be 18) | <input type="checkbox"/> Surgical Nursing Unit |

Your request for a particular department will be granted if possible

- I understand and agree that at no time will any information regarding patients of the hospital be revealed to anyone other than those authorized to receive it. I understand that the giving of information concerning a patient to those not authorized is unlawful and shall be sufficient cause for my immediate dismissal.
- I agree to any necessary health screening required by the hospital and understand that my volunteer assignment is contingent upon successful completion of this screening.
- I understand that any false statements made as part of this application might be considered sufficient cause for dismissal.
- I understand that I must be 14 years of age and entering high school to volunteer at Cottage Hospital.
- I authorize permission for all named references and educational institutions to release personal and professional information to Department of Volunteer Services. I also consent to a police record search, if require. I further release Santa Barbara Cottage hospital as well as those supplying said information from any and all liability from these investigations.

I UNDERSTAND THAT IF ACCEPTED AS A SBCH VOLUNTEER THAT:

- I will abide by the hospital's general policy concerning patient confidentiality.
- I voluntarily offer my services with a clear understanding that there is no monetary compensation.
- I will make a commitment to volunteer for at least 6 months.
- I will observe all hospital regulations.

Applicant's Signature	Date
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Have you volunteered at Cottage Health System before and, if so why did you leave?

I am interested in volunteering for the following reason(s):

How did you hear about us?

Office/ Technical Skills		Creative Skills		Creative Skills	
Accounting Skills	<input type="checkbox"/>	Humor / Stories	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>
Computer Knowledge		Board and Card games	<input type="checkbox"/>	Food Service	<input type="checkbox"/>
• Excel	<input type="checkbox"/>				
• Word	<input type="checkbox"/>				
• Power Point	<input type="checkbox"/>				
Filing	<input type="checkbox"/>	Musical Instrument	<input type="checkbox"/>	Mail Room	<input type="checkbox"/>
Typing WPM	—	Sing		Reception Desk	
Office Equipment (10 key)	<input type="checkbox"/>	Sewing / Needlepoint	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Cashier / Sale	<input type="checkbox"/>	Knitting	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Telephones	<input type="checkbox"/>	Drawing / Painting	<input type="checkbox"/>		

Select your first volunteer area of interest:

Select your second volunteer area of interest:

Select your third volunteer area of interest:

Additional comments: