



Volunteer Application

Please print clearly and fill this application out thoroughly and completely. Thank you!

1. PERSONAL INFORMATION

Name: _____
(First, Middle, Last)

Home Address: _____

Current Address: _____
(If different from above)

Cell Phone: _____ Alternate Phone: _____

E-mail: _____ Date of birth: _____

2. AVAILABILITY & COMMITMENT

Commitment Term: _____ Start Date: _____ End Date: _____
(Number of Months) (Approximate) (Approximate)

Days and Hours of Availability:

Please indicate at least one 4-hour time block

Monday:

Thursday:

Saturday:

Tuesday:

Friday:

Sunday:

Wednesday:

Are you available to volunteer during business hours? YES NO
(Please circle one answer)

Is your availability flexible or subject to change? YES NO
(Please circle one answer, if YES, explain below)

-----OFFICE USE ONLY- Please do not write below this line-----

3. EDUCATION & EMPLOYMENT

Education Level: _____ High School: 1 2 3 4 College: 1 2 3 4 Post Graduate: 1 2 3 4
 (Please circle highest level completed)

Other: _____

Are you currently a student? YES NO

Name of School: _____ Grade/Year: _____

Major/Field of Study: _____

Is volunteer work required for a class assignment or graduation? YES NO

Are you currently employed? YES NO Hours per week: _____

Employer: _____ Job Title: _____

Are you currently looking for employment? YES NO

Please list any relevant clubs/organizations in which you have been a member or held a position:

4a. VOLUNTEER INFORMATION

Please indicate your reason(s) for volunteering (check all that apply):

___ Pre-Health ___ Service to the Community
 ___ Pre-Medicine ___ Other (please explain): _____
 ___ Pre-Nursing

Please indicate your areas of volunteer interest (check all that apply):

___ Highland Emergency Department ___ Office/Clerical
 ___ Highland Maternal & Child Health (MCH) ___ Gift Shop
 ___ Highland Step Down Unit/Transitional Care Unit (TCU) ___ Information Desk
 ___ Highland Pharmacy ___ Interpretation
 ___ Fairmont Skilled Nursing Facility ___ Dentistry
 ___ Other: _____

Have you ever worked in a hospital as a volunteer? YES NO

If so, where? _____ When? _____

What were your primary responsibilities? _____

Have you ever been employed by the Alameda County Medical Center (ACMC)? YES NO

Where? _____ When? _____

Are you related to or do you know any employee or volunteer of ACMC? YES NO

Name: _____ Relationship: _____

Department: _____

4b. VOLUNTEER INFORMATION (continued)

Do you speak/read/write any foreign language(s)? Please list and indicate fluency for each language:

Do you have any physical/mental/medical condition that would limit your volunteer abilities? If yes, explain:

How did you hear about the volunteer program at APMC?

What special skills do you bring to this volunteer opportunity?

Why do you want to be a hospital volunteer for APMC?

Would you say that you are compassionate? Responsible? Diligent? Please explain:

5. TERMS & CONDITIONS

Have you been convicted of a crime other than a minor traffic offense (including Military Service offenses?)

(Attention: APMC conducts criminal record checks, and failure to provide complete information will disqualify your application. However, a conviction will not necessarily disqualify you from volunteering or employment.)

YES

NO

If YES, please explain: _____

Are you currently being charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication, or dropping of the charge(s)?

YES

NO

If YES, please explain: _____

Please carefully read the following statements, and then initial next to each to indicate you agree/accept them.

_____ I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause the immediate termination of my volunteer assignment.

If accepted as an Alameda County Medical Center (ACMC) Volunteer, I agree that:

_____ I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from any patient.

_____ My services are donated to the Alameda County Medical Center without contemplation of compensation or future employment, and given with humanitarian, religious, or charitable reasons.

_____ I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on and off of ACMC property, nor act as a runner or capper for an attorney in the solicitation of business. I shall immediately report all known occurrences of solicitation for attorneys to the Volunteer Program Manager.

_____ I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on ACMC premises, unless I receive the express authorization of the Volunteer Program Manager to engage in these activities.

_____ I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

_____ I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Program Manager.

_____ I shall make my best effort to fulfill my commitment to the Alameda County Medical Center by completing all assignments that I accept.

_____ I shall at all times uphold the philosophy and standards of the Alameda County Medical Center.

_____ I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of ACMC.

_____ I have read each of the above conditions and I agree to be bound by each of them.

Volunteer Signature: _____ Date: _____

In case of emergency please notify: _____

Relationship: _____

Phone: _____