

Junior Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth (MM/DD/YY)	

Emergency Contact Information

Name of Contact:

Relationship:

Phone #

Alternate Phone #

Availability

During which hours are you available for volunteer assignments?

Weekdays M, Tu, Wed, Th, Fr Mornings

Weekends Sat, Sun Afternoons

What year will you graduate? _____ Evenings

Interests

Tell us in which areas you are interested in volunteering

Dream Team

Circular Drive - DT

Birthing Center

Gift Shop

Information Desk

Central Supply

Which location are you interested in:

Mercy Truxtun Campus

Southwest Campus

Name of School _____

Year in School _____

References

Please list 2 references

Due to the nature of Volunteer Assignments, references will be checked.

Name

Phone #

Name

Phone #

List any previous volunteer work or other activities you have been involved in?

Do you have parents or relatives employed by Mercy Hospital? ____Yes ____No

How did you hear about our volunteer program?

Why do you want to become a volunteer?

Parent Consent & Signature	
Date	
Counselor Signature	
Date	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a junior volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

I understand that Dignity Health Mercy Hospitals of Bakersfield reserves the right to not accept all applicants or to terminate a volunteer if performance standard is not in compliance with The Joint Commission and State of California Standards for volunteer service. A performance evaluation will be completed on all volunteers assigned to Dignity Health Mercy Hospitals of Bakersfield. It is further understood that before I begin a volunteer assignment, I must first complete the Hospital Required Medical Tests and Orientation Training.

If you have any questions please call Volunteer Services 661-632-5613

Medical Requirements including TB, drug screening and screenings for varicella, mumps, rubella and rubeola will be performed. Screenings for varicella, MMR will require a blood draw from the Mercy hospital lab. A chest x-ray will need to be completed on any volunteer that receives a positive TB skin test result.