



St. Mary Medical Center
Volunteer Service Application

Volunteer Services Department (562) 491-9766
Mailing Address: 1050 Linden Ave., Long Beach, CA 90813

Name				
(Last)	(First)	(Middle)		
Address				
(Street)	(City)	(State)	(Zip Code)	
()	()	()		
Home Phone	Work Phone	Mobile Phone		
May we contact you at work? Y N				
The preferred way to contact you:				
E-Mail Address _____ @ _____				
Date of Birth		(for office use only)		

Please keep in mind that receipt of your completed application is not a guarantee of placement. Although we try to accommodate as many requests to volunteer as possible, there are times when circumstances prevent us from utilizing your services.

PLEASE CHECK ONE: **Student Application –18 years or over and currently enrolled in college or technical training school**
 Adult Application – 18 years and over (not currently in school)
All applicants 18 and over must clear a criminal background check, TB tests and drug test prior to beginning volunteer service.

1. WHICH VOLUNTEER ASSIGNMENT ARE YOU APPLYING FOR:

- A. _____
- B. Patient Care department
- C. Clerical department
- D. I don't know – let's talk

2. The required commitment for most assignments is one set 4 hour shift per week for a minimum of 6 months/ 100 hours. We will not sign off/validate hours volunteered for less than 100 hours.

We are not able to accommodate 'summer only' volunteer requests. English speaking required.

3. *I am able to make the commitment as stated.*

(Your signature indicates that you understand and can make the commitment required.)

4. I am available to volunteer these days: Sun., Mon., Tues., Wed., Thurs., Fri., Sat.

5. I am available to volunteer these times: 8a-12p, 12p-4p, 4p-8p (these are general shifts – shifts may be slightly different depending department)

Circle that days and times that might work best for you on a weekly basis.

1. How did you learn about St. Mary Medical Center? _____

2. Have you ever been employed or volunteered at SMMC? () Yes () No

If yes – when: _____

3. Do you have any special skills or interests that could be utilized in your volunteer service? (for example, musical or artistic ability, bilingual, computer skills, etc.) _____

4. Is volunteering a requirement (e.g., for school, church, club, court ordered, etc.)? () Yes () No

If yes, please give specifics about the requirement. _____

How many hours are required? _____ To be completed by (date): _____

5. Do you know anyone currently volunteering or employed at St. Mary Medical Center? If yes, who? _____

6. Previous volunteer experience and/or community involvement (i.e., church, club, business, service agencies, professional): _____

7. How Long did you volunteer at each place? _____

8. While considering Volunteer placement would certain tasks or settings need to be avoided? Please explain any accommodations you may need. _____

9. Have you ever been convicted of a criminal offense other than a minor traffic violation? () Yes () No
(Conviction of a crime is not an automatic bar to volunteer placement. However, failure to fully disclose is falsification and grounds for immediate termination upon discovery at any time during volunteering.) If yes, please describe: _____

Is there anything more you would like to tell us? _____

In case of emergency, contact: _____
(Name) (Phone) (Relationship)

Signature of applicant: _____ Date _____