

Volunteer Services

1420 South Central Avenue
Glendale, CA 91204-2594
(818) 502-2373
(818) 409-7781 Facsimile

Volunteer Application

Dear Volunteer Applicant,

Thank you for your interest in the volunteer opportunities at Dignity Health - Glendale Memorial Hospital and Health Center (GMHHC). Please carefully review the enclosed application materials and general information regarding volunteering at our hospital. This will be your initial source of general information regarding your responsibilities as a volunteer at GMHHC.

As a volunteer, you will have the opportunity to learn many things from this healthcare environment of caring, commitment and responsibility. Employees and volunteers at GMHHC are committed to providing high-quality care to patients and their families with humankindness.

Volunteering can be fun, but it is also a serious commitment. Therefore, we ask that you only offer your services if you intend to do your best, have the time and ability to do so, and can accept guidance and supervision with enthusiasm. We receive significantly more applications than we have volunteer positions available, therefore, we may not be able to accommodate your request to volunteer with us.

Once you have completed the enclosed application, please return it to the main hospital lobby front desk, or by mail to the attention of volunteer services. Upon our review, if your application is complete and meets our volunteer requirements, the volunteer office will contact you regarding orientation. You will receive an email or letter notifying you of our next volunteer orientation session. After you have attended the required orientation, you will meet with me one-on-one to discuss your placement.

If you have additional questions, feel free to contact the volunteer office by phone at (818) 502-2373.

Sincerely,

Michelle L. Alan Galanti

Michelle L. Alan Galanti, MA
Director of Cardiology, Transportation, Patient Experience & Volunteer Services
Encl: Application Package



Dignity Health®

Glendale Memorial Hospital
and Health Center

VOLUNTEER PROGRAM ELIGIBILITY AND REQUIREMENTS

The following items must be met in order to participate in our volunteer program, please review them carefully.

1. Volunteer services are donated to Glendale Memorial Hospital and Health Center without the expectation, contemplation of compensation or future employment and are given for humanitarian or charitable reasons. We do not place individuals in volunteer service to be trained for paid positions at our hospital.
2. A minimum commitment of 100 hours of service is required, with a minimum commitment of 4 hours per week. We cannot accept applicants who are not able to volunteer for the minimum amount of required time.
3. You must be able to maintain a regular schedule of at least 4 hours per week for 3 months or more. We will provide, at your request, a report of your hours for school or any other community service requirement, when you have completed 100 hours or more.
4. Applicants are obligated to notify Volunteer Services if they have been convicted of a criminal offense. Applicants must consent to a background screening which will include OIG, criminal history, sexual offender status, Social Security verification.
We do not obtain FICO or credit scores.
5. Volunteers must have the ability to keep all patient information, conversations, and observations confidential.
6. Volunteers must demonstrate willingness to help staff, patients, visitors, physicians and other volunteers whenever possible.
7. Volunteers must have the ability to use good judgment in unusual circumstances.
8. Volunteers must be able to speak, read and write in English (knowledge of a second language is a plus). Volunteers in all areas must be able to communicate in a clear, understandable, and courteous manner.
9. All volunteer applicants must demonstrate an appropriate and positive manner of behavior and communications skills with all persons at all times, including guests, staff, vendors, and other volunteers.
10. Volunteers may be required to withstand long periods of walking and standing.
11. Volunteers work under the direction and supervision of paid staff and do not earn or collect a salary from the hospital, or department where they volunteer. You must be dependable, honest, and willing to take direction to perform assigned volunteer duties.
12. Volunteers must be reliable. If unable to be present, you are required to call your assigned supervisor and the volunteer office.
13. Volunteers are not to accept tips or gifts from patients and visitors.
14. Glendale Memorial Hospital employees who wish to serve as volunteers during their off hours may do so, but only in capacities which are different from their normal, paid jobs.
15. You must attend the general orientation presented by the volunteer department before you begin volunteering.



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VOLUNTEER APPLICATION

Please Print

TODAY'S DATE:		DATE AVAILABLE TO START:	
LAST NAME		FIRST	MI
STREET ADDRESS			
CITY		ZIP CODE	
HOME PHONE		CELL PHONE	
E-MAIL ADDRESS		WORK PHONE	
DATE OF BIRTH:	MONTH	DAY	YEAR
SOCIAL SECURITY NUMBER - required for background check:			
EMERGENCY CONTACT INFO:			
NAME		RELATIONSHIP	
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	
EMPLOYMENT: <input type="checkbox"/> Current <input type="checkbox"/> Last <input type="checkbox"/> Retired			
Company		Position	
Address		Phone	
SCHOOL INFO			
SCHOOL		ADDRESS	
PHONE	GRADUATION YEAR	GPA	
ARE YOU VOLUNTEERING TO FULFILL A CLASS REQUIREMENT FOR COMMUNITY SERVICE CREDITS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NUMBER OF HOURS REQUIRED		REQUIRED DATE OF COMPLETION	
<u>ARE YOU VOLUNTEERING TO FULFILL EITHER G.A.I.N / SERS / GYA REQUIREMENTS?</u>			
Volunteers may be asked to assist staff with translating information to patients/families. If you are willing to assist with translation, please complete this section.			
Language:		Can you read/write in this language? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language:		Can you read/write in this language? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Volunteer Applicant Reference Information

Please obtain a reference from someone who is not related to you.

APPLICANT'S NAME _____

REFERRAL'S NAME _____

RELATIONSHIP TO APPLICANT: _____

REFERRAL'S ADDRESS _____

REFERRAL'S PHONE _____

SIGNATURE: _____ DATE: _____

APPLICANT'S ASSOCIATION WITH REFERRAL:

_____ Academic Knowledge of Applicant

____ Personal Recommendation (Church, Physician, Family Friend)

_____ Knowledge of Applicant's Work and/or Community Volunteer Experience

REFERRAL TO FILL IN THE REMAINING PORTION OF THIS FORM:

Please make a statement regarding the applicant in the area checked above. Additional page(s) may be added if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



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Personal Statement

Name: _____ Date: _____

(Attach additional sheets if necessary)

1. Why are you interested in volunteering at Glendale Memorial Hospital?

2. What do you expect to gain from this experience?

3. Please describe your short-term goals.

4. Please describe your long-term goals.

Signature: _____ Date: _____