

Volunteer Application



Our Mission

To share God's love by providing physical, mental and spiritual healing.

 **Adventist
Health**

Central Valley Network

Our volunteers make us special!



Central Valley Network

Application to Volunteer

Name _____ Today's Date: _____

Indicate other name(s) if different from present name _____

Address: _____
Street/P.O Box _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Do you have any relatives that work for this organization? Yes No

Have you ever volunteered at this or any other Seventh-day Adventist Institution? Yes No

Have you ever been employed by Adventist Health? Yes No (If yes when? _____)

Do you have an employment application on file for Adventist Health? Yes No

Are you a student? Yes No (If yes, where? _____)

Why do you want to volunteer with our organization? _____

Which location is best suited for you? Hanford Reedley Selma

Are you employed? Yes No (If yes, where?) _____

How were you referred to us? Walk In Newspaper Ad Internet School/College
 Referred by: _____ Other _____

Skills or Special Training: Please check the areas in which you have training, experience or special interest:

- Bookkeeping Computer Skills Hospice Reception/Greeting Patient Interaction
- Office Skills Typing Filing Purchasing
- Selling Sewing Crafts Other: _____

Are you able to serve four hours per week on a regular basis with a minimum of 100 hours per year?
 Yes No

Please indicate the days of the week and hours you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
8:00 a.m. - Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon – 4:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00p.m.– 8:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The above are 4-hour shifts, once a week. If you prefer to volunteer a different or more hours, please specify. _____

Have you ever been convicted of a misdemeanor or a felony? Are criminal charges currently pending against you?*

Yes No

*You may exclude convictions for which the record has been judicially ordered sealed, expunged, dismissed, or statutorily eradicated, and/or any marijuana-related convictions that are more than two years old. Please include convictions involving driving a vehicle, other than traffic citations such as for speeding. Affirmative answers to the questions regarding convictions or arrests will not be an automatic bar to volunteering.

REFERENCES Personal or Professional (please exclude relatives)

1) NAME _____ PHONE _____

Address _____

City State Zip Code

E-mail address _____

2) NAME _____ PHONE _____

Address _____

City State Zip Code

E-mail address _____

3) NAME _____ PHONE _____

Address _____

City State Zip Code

E-mail address _____

Your Signature indicates approval for us to check references. The Volunteer Service Department is not obligated to provide a placement, nor are you obligated to accept the position offered.

IMPORTANT – READ BEFORE SIGNING

I hereby certify that the facts set forth above are true and complete, and I authorize the Organization and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Organization with any information that it requests in connection with this application. I hereby release all of these persons and institutions and the Organization from any and all liability for any damages arising from the investigation. I understand that, if accepted, false statements on this application or omissions of material information may result in my termination. If accepted, I agree to abide by all Organization rules and regulations as they now or may exist.

I understand that my volunteering is contingent upon my successful completion of a pre-volunteering physical examination which may include drug testing.

I understand and agree that, if approved, either the Organization or I will be free to terminate the volunteer relationship at any time, without cause, and stipulated by the volunteer bylaws. I understand and agree that this policy shall constitute the entire agreement between the Organization and me on the subject of the length of my volunteering, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues.

In the event that I am dissatisfied or disagree with any action or failure to act by the Organization, its employees, agents or representatives, I agree to submit the matter to the Organization's grievance and arbitration procedure, which is outlined in the Employee Handbook, for final and binding resolution and will not initiate a law suit, thereby waiving any right I might have to a jury trial.

In case of injury or illness during volunteer service, I give permission to the hospital to administer emergency care. I agree to hold as confidential all information I may obtain concerning patients, doctors, or personnel. I will adhere to the dress code as specified by the Department of Volunteer Services. I will notify the Department of Volunteer Services as soon as possible and return my uniform and badge if it becomes necessary for me to terminate my volunteer service. I hereby agree to these conditions and certify that the above information is true to the best of my knowledge.

Applicant's Signature _____ Date _____

*Opportunities to volunteer are provided without regard to religion, creed, race, national origin, age or sex.
Thank you for considering becoming a volunteer.*

Please return application to: Volunteer Resources, 1021 N. Douty Street, Hanford, CA 93230

For additional information please call: 559-583-2206 or 559-583-2217

About Us

Adventist Health Central Valley Network is a not-for-profit, faith-based health care system with operations in four western states.

Our Mission

Adventist Health's mission is to share God's love by providing physical, mental and spiritual healing.

At Adventist Health, we value:

The compassionate, healing ministry of Jesus



Human dignity and individuality



Absolute integrity in all relationships and dealings



Excellence in clinical and service quality



Responsible resource management in serving our communities



The health care heritage of the Seventh-Day Adventist Church



Each other as members of a caring family

Our Vision

Our vision is to be a regional health care network that is recognized as the best place to receive care, the best place to practice medicine and the best place to work.