

Silver Anchor Auxiliary

VOLUNTEER APPLICATION

Today's Date: _____	
Are you willing to donate at least 12 hours per month to the Auxiliary? NO _____ YES _____	
Preferred Day of Service (Circle one) M T W TH F S SU	
Morning shift (9am - 1pm) _____, Afternoon shift (1pm - 5pm) _____ or Evening shift (5pm-8pm)	
Preference of work area : Information desk/floor duty _____ or Gift shop _____	

PERSONAL DATA

Name:	
(Last Name) (First Name) (Middle Initial)	Have you previously volunteered?
Address City State Zip Code	
Home Telephone Number/Cell Number E-mail Address	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason for leaving: _____
Emergency Contact , Relationship Contact Telephone Number	
Do you have any relatives working at Huntington Beach Hospital ? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please provide name: _____	How did you hear about us?
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable us to do a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____	Name of the person who referred you to us: _____

Experience, Skills & Interests

How did you find out about the Auxiliary: Friend Hospital Visit HBH Electronic Sign
 Other _____

Why do you want to volunteer? _____

Please list other volunteer experience or organizations, clubs, professional societies, or other associations to which you belong or have belonged to. (You may omit those that indicate race, religion, creed, color, disability, marital status, national origin, ancestry, sex, sexual orientation or age.)

Do you read, speak or write a language other than English? **Yes** **No**

Please list: _____

If yes, do you mind being asked to interpret for patients/visitors? **Yes** **No**

There are job criteria and physical requirements for each position. We will try our best to assign you to an available position that will accommodate your skills that will be mutually beneficial to you and the Auxiliary/hospital, but we can not guarantee a position.

Do you have a physical disability that would prevent you from either pushing a wheelchair, walking or performing any of the duties explained to you? **Yes** **No**

Please explain _____

Conviction Record

Have you ever been convicted of a felony or misdemeanor, which has not been judicially expunged, sealed or eradicated?

Yes **No**

Do you have any felony or misdemeanor charges pending against you, which are unresolved?

Yes **No**

Have you been arrested for any sex-related offenses for which registration as a sex offender may be required?

Yes **No**

If yes to any above, please explain. (Positive responses will not necessarily bar you from a position.)

Agreement:

- I authorize agencies and persons contacted for reference or background information to release information. I agree to supply identification information during the interview process.
- I understand any misrepresentation or material omission of information in this application may be a cause of dismissal from the Auxiliary.
- I understand that we cannot guarantee a position, and that there are job qualifications, requirements, competence & physical criteria for positions. We try our best to find you a position that meets your skills/needs & that of the Auxiliary/hospital.

- I understand that state & national hospital regulatory agencies require that persons working in a hospital setting receive orientation/training and have an annual TB test. Failure to do so may result in temporary suspension from the Auxiliary until complete.
- I agree to read, abide by the policies and procedures, expectations, ethics, customer service standards as presented in the Auxiliary and hospital orientation and to perform the duties expected of me to the best of my ability.
- I understand that I donate my services to the hospital without contemplation of compensation or future employment.
- I understand that my volunteering opportunity **may be terminated at any time for any reason** or as a result of: failure to comply with policies and regulations; absences without notification; unsatisfactory attitude or customer service skills, or any other circumstance, in the judgment of HBH and/or Auxiliary Board of Directors that would make my services as a volunteer contrary to the best interest of HB Hospital and/or Silver Anchor Auxiliary.
- I agree to make an effort to fulfill my commitment, be punctual and conscientious and conduct myself with dignity, courtesy, and consideration of others.
- I understand that there is a provisional period and I must pass a probationary review before becoming an official member of Silver Anchor Auxiliary.

I hereby certify that all the information included on this application is true and complete to the best of my knowledge.

I authorize the investigation of all matters which Huntington Beach Hospital (HBH) / Silver Anchor Auxiliary, deems relevant to my qualifications for Auxiliary membership. I authorize Huntington Beach Hospital (HBH) to request and receive such information and I release from all liability any persons or employers supplying it. I also release Huntington Beach Hospital (HBH) & Silver Anchor Auxiliary its officers and representatives from all liability that might result from making the investigation.

VOLUNTEER APPLICATION AGREEMENT: I understand that the volunteer relationship with Silver Anchor Auxiliary and Huntington Beach Hospital (HBH) is on an at-will basis and that if I am accepted, I or Silver Anchor Auxiliary and Huntington Beach Hospital (HBH) may end the volunteer relationship at any time with or without cause and with or without notice.

Applicant's Signature:	Date:
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AUTHORIZED PERSONNEL ONLY

Date of Interview: _____ Time: _____

Interviewed by: _____ Title: _____

Date Orientation Day _____

Date of TB test/X-ray _____

Dates of training 1- _____ 2- _____ 3- _____

Provisionary period: _____ **Acceptance as full member:** _____