

Join the Legacy of the



V O L U N T E E R A P P L I C A T I O N

I am ready to join the legacy. Please enroll me as a NorthBay Guild Volunteer.

Applicant Information

Name _____

Address _____ City _____ Zip _____

Telephone _____ Cell Phone: _____

e-mail address: _____

Date of Birth: ____ / ____ / ____ Today's Date: _____

In Case of Emergency Contact

Name _____ Telephone _____

Name _____ Telephone _____

Employment Status: Full-Time Part-Time Retired Not Employed

Employer _____ Occupation _____

Students: College Students must be 18 and able to work a regular shift

Name of School: _____ Field of Study/Major _____

Skills and Experience:

What languages (other than English) do you speak?

Language _____ Conversational Fluency Fair Good Excellent

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Volunteer Experience

Other Pertinent Experience (classes, work experience): _____

Are you interested in a career in health care? Which field? _____

There are many reasons to volunteer with NorthBay Healthcare. Please check the ONE below that BEST describes yours:

- Want to help
- Learning about a health career
- Extra time available
- Other: _____
- Suggested by a friend/co-worker
- School credit

How did you learn about our volunteer program? _____

I prefer to work in the area closest to my home VacaValley Hospital NorthBay Hospital

Please make a check ("x") in the box to indicate which time(s) you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 am to 12 pm							
12 pm to 4 pm							
4 pm to 8pm							

We require two references: Please give accurate addresses so that we can mail them reference forms. (Prefer persons in the "helping fields", clergy, teacher, counselor. NO FAMILY MEMBERS, PLEASE)

1. _____
Name Address City State Zip

2. _____
Name Address City State Zip

STATEMENT OF COMMITMENT:

- ✓ agree to volunteer for a minimum of **100 hours and 1 shift per week**
- ✓ notify the volunteer office or the department to which I am assigned any time I am unavailable for my assignment
- ✓ decline to perform any task for which I feel I have not been adequately trained or which would put me or others at risk
- ✓ respect patient, family, and staff confidentiality; which I understand is both a patient right and the Hospital's legal responsibility. Users of electronic, verbal or written information systems have the same obligation regarding confidentiality. Information that must be considered confidential includes patient name, diagnosis and family background.
- ✓ abide by the rules and regulations of NorthBay Healthcare and the Volunteer Department, which include wearing the name badge and volunteer uniform (when required), and recording hours with the volunteer office.
- ✓ maintain the customer service standards in my interactions with patients, families and staff
- ✓ permit images or photos of me in my role as a volunteer to be used in public relations brochures or videos
- ✓ give permission for a background check to be performed by the California Dept. of Justice

 Volunteer Signature

 Date

Mail this application to: Volunteer Services NorthBay Healthcare, 1200 B. Gale Wilson Blvd., Fairfield, CA 94533

OFFICE USE ONLY	Orientation Scheduled _____	Orientation Attended _____	OJT Attended _____
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