



February 5, 2018

Dear Prospective Volunteer,

Thank you for your interest in Arroyo Grande Community Hospital's Volunteer Program. As a volunteer, you will have an amazing opportunity to make a difference in someone's life every time you are at the hospital. Having said that, our volunteer process is not simple and due to strict requirements, it is open only to most serious of high school students.

First of all, you must meet our minimum age requirement of 14 years old and at least a freshman in high school. We do ask that you give serious consideration to the time commitment required. The expectation is that you are able to come in each week during the entire summer and school year. You will be volunteering a minimum of 3 hours per week. Please be aware, we will not sign off on your hours for school until you have completed the one year requirement.

Secondly, you must meet our Health requirements. You will be required to have a current TB test on file and this will be updated yearly. During flu season, you will receive a flu vaccination. Both of these tests are provided free of charge at the hospital.

Lastly, you must be able to attend a Hospital Orientation. These are scheduled once a month as needed. If you are sure you can make the time commitment and attend an orientation, please fill out the enclosed application. Return this application to the Front Desk in the Lobby of the Hospital.

Volunteers will be placed, based on hospital needs first and student interest second. Shifts are available seven days a week. We also may not be able to accommodate all volunteers who are interested as we have limited opportunities. You may be placed on a wait list.

If you have any questions, please feel free to contact me. We look forward to meeting and working with you.

Thank you,

**Colleen Twomey**  
**Volunteer Service Coordinator**  
Arroyo Grande Community Hospital  
345 S. Halcyon Rd.  
Arroyo Grande, CA 93420  
805-994-5462

## Volunteer Services Application

For Office Use Only:	
Application Rec'd: _____	
i/a _____	
o/a _____	
Time _____	With _____

### PERSONAL INFORMATION

Name	Last	First	Middle	Social Security No. (must include)
Address	Street & No.	Apt. #	City/Town	State Zip
Home Telephone No.	Work Telephone No.	Cell Phone No.	Email:	
Have you ever volunteered at Arroyo Grande Community Hospital? When? What Department? Why did you leave? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?				
Name:		Relationship:		Phone ( )
Date of Birth:				
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are under 18, your parent or guardian's signature is required. <b>See page 3.</b>				

### TELL US ABOUT YOURSELF

Day(s) you are available to volunteer? (circle) M    T    W    TH    F    SA    SU  Time(s) you are available:	What area are you most interested in? (circle) Direct Care/Patient Contact    Administrative/Clerical Reception Desk
What departments or programs are you most interested in? _____ _____	Do you speak another language? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language? _____
Have you ever been convicted of a crime (s), misdemeanor (s) or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please give date (s) and details: _____ _____ _____ Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.	How did you learn about Arroyo Grande's Volunteer Program? _____ Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe: _____ _____ _____
Are you volunteering for the summer only? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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## PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at Arroyo Grande Community Hospital:

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- I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize Arroyo Grande Community Hospital Volunteer Services Department to fully investigate my references.
  
- I understand that in accordance with Arroyo Grande Community Hospital, volunteer placement is conditional upon satisfactory clearance by the criminal background check.
  
- I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer. In this regard, I will only discuss this information with appropriate staff and will never, under any circumstances, reveal the name of a patient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature required:

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

[http://www.arroyograndehospital.org /Volunteer\\_Information](http://www.arroyograndehospital.org/Volunteer_Information)

**\*PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED.\***

## EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first.

If you have never worked or volunteered in past, please go to the next section.

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**\*If you have never worked or volunteered please list one academic or non-personal reference (i.e. teacher, guidance counselor, pastor, rabbi, etc.):**

Name:	Relationship (i.e. teacher, pastor, etc.):
Phone Number:	<b>*Your reference cannot be someone you are related to.</b>

## EDUCATION INFORMATION

<p><b>If you are currently in high school, please tell us what school do you attend?</b></p> <p>_____</p> <p>Major/Concentration: _____</p> <p>School Location: _____</p>	<p>What grade are you in?</p> <p>_____</p> <p>What is your average (i.e. A, 3.0, 85%, etc.)?</p> <p>_____</p>
<p><b>What college or university do or did you attend?</b></p> <p>_____</p> <p>Major: _____</p> <p>School Location: _____</p> <p>Did you graduate? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Graduation Date: _____ GPA _____</p> <p>Degree completed: _____</p>	<p>Other schooling, certifications or licenses?</p> <p>School: _____</p> <p>Certification, License or Degree: _____</p> <p>_____</p> <p>School: _____</p> <p>Certification, License or Degree _____</p> <p>_____</p>

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