



Adult Volunteer Program Packet

On-boarding application deadlines are as follows:

<u>Application Deadline</u>	<u>Interview Dates</u>	<u>Orientation</u>
February 1	February 9-20	March 3-10
June 1	June 11-22	July 2-8
August 1	August 10-21	September 1-8
October 1	October 5-15	November 3-10

How may I become an adult volunteer?

- At least 18 years of age
- Medical clearance by our employee health services (tuberculosis, drug screening, immunization records, and proof of immunity)
- Background check
- Orientation and training
- Minimum weekly commitment of 3 hours per week
- Maintain the same schedule for a minimum of 3 months
- Maintain 1-year of service

What do I do as a volunteer?

- Escort patients or visitors to their destinations
- Assist staff by running errands for various departments
- Assist staff in other departments
- Advocate for our hospital to the community and other exciting opportunities

What do I receive from volunteering?

- The knowledge that you have made a difference by helping
- A greater understanding for the healthcare field
- Awards for hours donated
- Letter of recommendation after you have donated a minimum of 140 hours
- Opportunities to take on leadership positions

Please send application to:

Volunteer Services Department
Regional Medical Center of San Jose
225 North Jackson Ave, San Jose CA 95116



Today's Date: _____

Volunteer Application (18 years and older)

PLEASE PRINT

Dr., Mr., Mrs., Miss: _____
(PLEASE PRINT) Last Name First Name Middle

Male: ___ Female: ___ Date of Birth: _____ SS# _____

Address: _____
Street City Zip

Phone: _____ Day Cell email: _____

Are you presently employed? Full Time _____ Part Time _____ Retired _____ No _____
If yes, list current employer: _____ Position/Job Title: _____

Previous Volunteer Experience: _____

What is/are your reason(s) for volunteering?

Are you currently attending college? Full Time _____ Part Time _____ No _____
College attending _____

Is volunteer work a requirement for College credit? Yes ___ No ___ If yes, how many hrs? _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, list dates, offenses, and nature of conviction: _____

DESIRABLE TIMES FOR YOU TO VOLUNTEER:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Time _____

In an emergency notify: _____
Name Telephone No.

Please read the following statement carefully before signing

I hereby certify that I have read and understood all statements and questions on this application and my responses are true and complete to the best of my knowledge. I understand that any false representation, misstatement or omission may be basis for immediate dismissal.



Signature: _____

Date: _____

Please send completed application to:

Volunteer Services Department
Regional Medical Center of San Jose
225 North Jackson Ave, San Jose CA 95116

To: Adult Volunteer Candidate

Please read the rules and regulations below carefully. If accepted as a hospital volunteer, I agree that:

1. My services are donated to the hospital for humanitarian, religious or charitable reasons. I expect no payment, benefits or future employment. I do not expect to receive the minimum wage or overtime for my services. I will serve a minimum of 4 hours per week and commit to a schedule for at least 3 months.
2. I will serve a minimum of 6 months and for a minimum of 100 hours.
3. If unable to come in on my assigned day or time I will contact the Manager of Volunteers to inform and reschedule to make up the lost time. I understand that 3 unexcused absences is cause for terminating my membership as a volunteer. I also understand that failure to notify the department of an absence is considered unexcused absence.
4. I am willing to serve wherever I am needed at the hospital.
5. I understand that I will be taking orders and following directions from the Volunteer members, Junior Ambassadors, hospital personnel, Administration and other staff. (If you have difficulty doing this, you should reconsider serving as a volunteer)
6. I understand that only white pants or skirts, white shirt and volunteer jacket are to be worn while on duty and that my appearance will be neat and clean. If you are assigned to volunteer in a specific department, you may be assigned a different uniform.
7. I shall submit to examinations including TB screen, drug screening and blood test, as well as an annual flu shot that are necessary as part of my volunteer service. I authorize the person taking the tests to report the results to Regional Medical Center of San Jose.
8. I shall be punctual, conscientious and endeavor to make my work and conduct professional in quality. I will attempt to resolve any problems related to my volunteer activities with the President of Volunteers. If unsuccessful, I will speak with the Director of Volunteer Services.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status in their own sole discretion at any time.

I have read each of the above conditions and I agree to be bound by them.

(PRINT VOLUNTEER NAME)

Volunteer Signature

Date

Please send completed application to:

Volunteer Services Department
Regional Medical Center of San Jose
225 North Jackson Ave
San Jose CA 95116

