



TAHOE
FOREST
HEALTH
SYSTEM

**TAHOE FOREST HOSPITAL SYSTEM
AUXILIARY VOLUNTEER APPLICATION**

PERSONAL INFORMATION:

Last name First name Middle Initial

Mailing Address (Apt #) City Zip Code

Phone _____ Cell _____

E-mail Address _____

Birthday _____ (month and day)

Are you a year-round resident? _____yes _____no

If not, what months are you available? _____

IN AN EMERGENCY PLEASE NOTIFY

Name: _____

Relationship: _____

Address: _____

Home Ph. # _____

Work PH# _____

Cell # _____

Physician: _____

Phone # _____

How did you hear about our program?

Friend _____

Newspaper _____

Brochure/Flyer _____

Other: (please specify) _____

VOLUNTEER AVAILABILITY: (please circle the days and times you are available to work)

Mon	AM	Tues	AM	Wed	AM	Thur	AM	Fri	AM	Sat	AM	Sun	AM
	PM		PM		PM		PM		PM		PM		PM
	EVE		EVE		EVE		EVE		EVE		EVE		EVE

COMMENT: _____

Have you ever committed, been convicted of, pled guilty, or pled nolo contendere to a felony or a misdemeanor? NOTE: Conviction of a crime is not necessarily grounds for disqualification. Background checks are done prior to acceptance.

_____ No Yes _____ if yes, please explain: _____

Are you currently under court order to do community work?

_____ No Yes _____ If yes, please explain: _____

WORK EXPERIENCE: (please circle all that apply)

ACCOUNTING, ADMINISTRATIVE, ART, BOOKKEEPING, CALLIGRAPHY,
CARPENTRY, CASHIERING, COMMUNICATIONS, COMPUTER WORK,
CRAFTS, FILING, LEADERSHIP, MARKETING, MERCHANDISING, MUSIC,
NURSING, ORGANIZING, PUBLIC RELATIONS, SEWING, TEACHING,
PUBLIC SPEAKING, TYPING
OTHER _____

Would you be willing to work on special fundraising projects (such as jewelry sales, art sales, etc.)? Yes _____ No _____

Would you be willing to work on a hospitality committee? Yes _____ No _____

What do you hope to gain from your volunteer experience?

Have you volunteered in a health care setting before? Yes ____ No ____ If yes, describe the experience?

What about the health care setting is appealing to you?

PERSONAL REFERENCES:

1. _____
Name Phone
2. _____
Name Phone

VOLUNTEER SERVICE OPPORTUNITIES: (check all areas of interest)

- _____ Information Desk (lobby)
- _____ Information Desk (emergency)
- _____ Patient Services (Med. Surg)
- _____ Long Term Care
- _____ Gift Tree
- _____ Oncology
- _____ Women and Family Center (OB)
- _____ Student Tours (Elementary Docent)
- _____ Emergency Room
- _____ Surgical Center

SUPPORT SERVICES

- _____ Business Services
- _____ Dietary
- _____ Engineering
- _____ Occupational Health
- _____ Human Resources/Education Dev.

The volunteer service department is not obligated to provide a placement nor are you obligated to accept the position offered.

Signature _____ Date: _____

AUXILIARY REQUIREMENTS:

Auxiliary Orientation (approx. 1 ½ hours) _____ Photo _____

TB Skin Test-First Step _____ Second Step _____

Dues \$10.00* _____ *paid at orientation

Area of placement _____

Date placed _____

Photo ID Given _____

Uniform Given _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.