



STANFORD HOSPITAL & CLINICS AUXILIARY

300 Pasteur Drive Room H1136
Stanford, CA 94305

650-723-6636

stanfordvolunteer@stanfordmed.org

VOLUNTEER APPLICATION

REQUESTING PERSON _____ Date: _____

Name: _____ Social Security Number _____

Address: _____ City: _____ Zip Code _____

Phone: _____ Best Time to Reach You: _____

Email Address: _____

EMPLOYMENT

Present or most recent Employer: _____ Phone: _____

Address: _____ City: _____ Zip Code _____

Description of duties: _____ Can you be contacted at work?
Yes No

EDUCATION

High School: _____ Graduated: Yes No

College/University: _____ Graduated: Yes No

_____ Advanced Degree

Presently enrolled as student? _____ If yes, where? _____ Age, only if under 18: _____

Yes No _____

IN CASE OF EMERGENCY, WHOM DO YOU WISH NOTIFIED?

Name: _____ Relationship: _____ Phone: _____

Address: _____

If under 18, legal guardian: _____ Relationship _____ Phone: _____

REFERENCES – LIST 2 PERSONS (Other Than Relatives)

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

VOLUNTEER POSITION

(Please continue on back of this page)

Direct Patient Contact? Yes No

Availability

SUN	MON	TUES	WED	THURS	FRI	SAT
HRS	HRS	HRS	HRS	HRS	HRS	HRS

Language Skills: Speak Read: Write:

Volunteer or work experience that may be helpful in placing you:

Please explain briefly your reasons for volunteering:

Please indicate specific positions (s) or areas of interest:

Are you able to perform the essential functions of the job Yes No

If accommodations are necessary, please identify:

VOLUNTEER BACKGROUND CHECK

Please be aware that a criminal record does not automatically disqualify you from volunteer work at SHC.

Have you been convicted (arrests without conviction need not be reported) of a :

Misdemeanor (Other than minor traffic violation)? Yes No Felony? Yes No

If yes, please give date, place of conviction and explain circumstances: _____

VOLUNTEER AGREEMENT

At Stanford Hospital and Clinics, we greatly appreciate our staff of committed volunteers, and are dedicated to do the very best we can to make your volunteer experience here a productive and rewarding one. Because you are donating your time, you understand that you are not an employee of SHC and that you will not be paid for your work. You agree:

- 1. To donate your services for public service, religious or humanitarian reasons with contemplation of payment.*
- 2. To perform your duties to the best of your ability.*
- 3. That confidential information, including but not limited to patient information, protected health information, personnel information and SHC proprietary information, shall not be discussed, copied, transmitted outside of appropriate venue, or removed from the premises of the hospital under any circumstances.*
- 4. To adhere to all hospital rules and procedures, including the policy on non-discrimination and harassment.*
- 5. That all assignments to volunteer positions can be terminated at any time, by either party, with or without notice and with or without cause. No volunteer assignment is guaranteed for any specific period of time.*
- 6. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.*
- 7. That SHC may check references, and/or do a background check which may include a fingerprint check, and may use such information as may be obtained in making a decision regarding your placement.*

Signature

Date

Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. This organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Your signature also attests to the truthfulness of the information provided herein.

HOW DID YOU HEAR ABOUT US? _____