



Stanford University Medical Center

REQUEST FOR VOLUNTEER PLACEMENT

DEPARTMENT OF VOLUNTEER RESOURCES
COMMUNITY AND PATIENT RELATIONS, H1401
STANFORD HOSPITAL AND CLINICS
STANFORD, CA 94305
650-723-7424

AUXILIARY
ROOM H1136
STANFORD HOSPITAL AND CLINICS
STANFORD, CA 94305
650-723-6636

REQUESTING PERSON

Name: _____ Social Security Number: _____ Date: _____
Address: _____ City: _____ Zip Code: _____ Phone: _____
E-mail 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? Yes No If yes, where? _____ Age, only if under 18: _____

IN CASE OF EMERGENCY, WHOM DO YOU WISH TO NOTIFY?

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

REFERENCES – LIST 2 PERSONS (OTHER THAN RELATIVES)

Name: _____ Phone: _____
Name: _____ Phone: _____

VOLUNTEER POSITION

(PLEASE CONTINUE ON BACK OF THIS PAGE)

Direct patient contact? Yes No

Availability	Sun	Mon	Tue	Wed	Thu	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 position(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 ever 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, without 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.*

Your 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.