



Children's Hospital of Orange County
Orange ♥ Mission ♥ Community Clinics

VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State & Zip Code _____

Home phone _____ Cell phone _____

Email address (may we contact you via email?) _____

If employed, where do you work _____

Work phone (may we call you at work?) _____

Work email address (may we contact you via email?) _____

What is the best time and method to contact you? _____

If a student, what year are you and which school do you attend? _____

Emergency Contact (name, phone number, and relationship to you, please) _____

CHOC's Standards of Excellence:

CHOC's volunteer team provides critical assistance in our mission to nurture, advance and protect the health and well-being of children. In order to fully integrate our volunteers into teams that care for our patients and support the hospital's work, we ask that all volunteers meet rigorous standards. We recognize that these standards may be cumbersome. We ask for your patience and understanding, and appreciate your desire to help us support a safe and healthy environment for all of CHOC's families, patients, associates and volunteers.

For more information about these standards, please visit:

http://www.choc.org/volunteer/index.cfm?id=P00255.

Are you at least 16 years of age? Yes - [] No - []

Are you willing and able to commit 100 hours/year of service to CHOC? Yes - [] No - []

Are you willing and able to commit to a regularly scheduled shift? Yes - [] No - []

Do you have a Social Security number? Yes - [] No - []

Background Screening

If you are at least 18 years of age, are you willing to share with us your social security number so that we may conduct a background screening? Yes - [] No - []

If you are under 18 years of age, are you able to request a letter of recommendation from a teacher, employer, community leader or volunteer manager (letter must be from someone who is at least 21 years of age and not a family member) Yes - [] No - []

Health Screening

Do you have proof of receiving the Mumps, MMR and Varicella vaccinations? Yes - [] No - []

If no, are you willing to have lab work done to verify your immunity? Yes - [] No - []

Are you willing to undergo a double-negative TB screening? Yes - [] No - []

Are you willing to pay the administrative fee (refundable after 100 hours)? Yes - [] No - []

How did you learn about volunteering at CHOC Children's? _____

Are you applying to volunteer at (please check all that apply)

CHOC Children's Main Campus in Orange

CHOC Children's at Mission Hospital

Other (please specify) _____

In order to evaluate your application and determine whether we will be able to offer you a place on our team, we would like to get to know you better. As you answer the questions below, please feel free to attach additional pages if needed. We also encourage you to send a resume, letter of reference or other documents that might help support your application.

PLEASE NOTE: If you are under 18 years of age, your application must include proof of age and a letter of recommendation from a teacher, employer, community leader or volunteer manager

Please share with us why you would like to volunteer at CHOC Children's. _____

Please describe for us a time when you have interacted with, or supervised, a group of children. What were your challenges and successes? _____

Have you volunteered at CHOC Children's before? If yes, why did you leave? _____

Do you have previous volunteer experience? If yes, please list locations, positions held and dates for your previous experience. _____

Please tell us more about one of your previous volunteer experiences. _____

Do you have any special skills, talents or interests you would be willing to share with us? _____

If you have requested that someone else send documents in support of your application, please note here what they are and who will be sending them to us _____

Do you speak a second language? Spanish Vietnamese Other _____ (please specify)

The CHOC Volunteer Services Office will make every effort to place you in a position that matches your interests and background while at the same time meeting our needs. Please keep in mind that not all positions and shifts are always available. Please list at least three (3) positions where you would be interested in volunteering for CHOC. Detailed position descriptions are available at <http://www.choc.org/volunteer/index.cfm?id=P00254>.

1) _____ 2) _____

3) _____ Other _____

At what time of day are you interested in volunteering (Please check all that apply)?

- Morning (9:00 am -1:00 pm)
- Afternoon (1:00 pm – 5:00 pm)
- Evening (5:00 pm – 9:00 pm)
- Late Evening (9:00 pm – 1:00 am; (Please note that you must be at least 18 years old to work this shift))

What day(s) of the week would be your choice to volunteer?

1st _____ 2nd _____ 3rd _____

Are there any restrictions to your ability to volunteer? (Please consider any physical limitations as well as any calendar conflicts or other concerns) _____

CONFIDENTIALITY and COMMITMENT STATEMENT

I understand and agree that in the performance of my duties as a volunteer at CHOC Children's, I must abide by all policies and procedures, including to hold as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to CHOC Children's solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

I agree to serve as a volunteer for a minimum of 100 hours per year. During this time, I agree to commit to regularly scheduled volunteer shift and to notify my supervisor if I am unable to volunteer as scheduled.

Volunteer Signature

Date

Birthdate

Name of Parent or Guardian if under 18

Signature of Parent or Guardian if under 18