



CEDARS-SINAI MEDICAL CENTER.

VOLUNTEER SERVICES DEPARTMENT
8700 BEVERLY BLVD., ROOM 2410
LOS ANGELES, CALIFORNIA 90048
OFFICE (310) 423-8044 FAX (310) 423-0452

VOLUNTEER APPLICATION

Applicant Form: Print clearly and return the completed form to the Volunteer Services Department.

Form with fields for contact information, employment status, and emergency contact details.

Do you have any physical limitation or mental disorder that would impair your ability to perform as a volunteer in the Medical Center without any supplemental assistance? Yes No

If yes, explain:

Have you ever been arrested or convicted of a crime? Yes (If yes, please explain below) No
(An affirmative response will not automatically disqualify you from being considered).

Table with 3 columns: Name, Relationship, Department. Multiple rows for listing friends and relatives.

Education:

Name of High School: *High School Graduate (check)* Yes No

Name of College: *College Graduate: (check)* Yes No

Name of Graduate School: *Graduate School Graduate (check)* Yes No

Specialized Education or Training (Please list):

Personal References:

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Volunteer Experience: (List current or previous volunteer activities you have been involved with):

Name of Volunteer Program	Type of Duties Performed	Date
1.		
2.		
3.		

Please explain your interest in volunteering:

Is there a particular type of assignment or volunteer duty you would prefer to do?

Type of Volunteer Assignment Preferred: (Check one)	<input type="checkbox"/> Volunteering in programs directly interfacing with patients.	<input type="checkbox"/> Volunteering in programs that involve clerical duties with minimal patient interaction	<input type="checkbox"/> Volunteering in programs that include both directly interfacing with patients and clerical responsibilities.
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List languages spoken other than English: _____ List Languages written other than English: _____

Volunteers may assist as interpreters. If you are interested in serving as a volunteer interpreter, please complete the information below. Legislation requires that interpreters pass a Language Proficiency Assessment.

Are you willing to take this assessment: Yes No

VOLUNTEER ASSIGNMENTS:

Shift schedules are normally based on a 4-hour consecutive assignment. Volunteer assignments can start as early as 5:00 A.M. in the morning. Assignments start times vary by departments and are available throughout the day and into the evening. Evening starting times can begin from 5:00 P.M. with the last shift beginning at 9:00 P.M. Volunteer assignments are available seven days a week, early morning, through late evening.

Indicate the day or days of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position openings that may be of interest to you when you meet with the Volunteer Services Coordinator.

Please Check (☞) the Shift Schedule(s) and Day(s) You Are Available to Volunteer

Volunteer Shift Start Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning between 5:00 AM to 9:00 AM							
Morning between 9:00 AM to 1:00 PM							
Afternoons between 1:00 PM to 5:00 PM							
Evenings starting after 5:00 PM							

Volunteers may assist professionals in providing technical or recreational activities for patients. Please indicate below the skills and/or experiences you possess and would be willing to utilize in volunteering at Cedars-Sinai Medical Center.

Office and/or Technical Skills	Creative Skills	Other Skills
☞ Accounting	☞ Humor/Storytelling	☞ Customer Service Experience
☞ Computer Knowledge	☞ Board or Card Games	☞ Food Service Experience
☞ Filing	☞ Musical Instruments	☞ Mailroom Experience
☞ Office Machines (10-key Adding)	☞ Sing	
☞ Reception Desk Skills	☞ Sewing/Needlework	
☞ Telephone	☞ Drawing/Painting	
☞ Typing	☞ Make-Up (Cosmetology)	
List Other skills and/or experiences:		

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Cedars-Sinai Medical Center to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

_____ Date

_____ Signature of Applicant

Thank you for completing the volunteer application! Please remit the completed application to the Volunteer Services Department in the enclosed self-addressed return envelope. A representative of the Volunteer Services Department will contact you to set up an appointment to meet with a Volunteer Coordinator to discuss volunteer opportunities at the Medical Center.

Office Use Only

Meeting with:	Appointment Day and Time: <input type="checkbox"/> No call/no show <input type="checkbox"/> Rescheduled:
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Assignment #1

Position No.		Description:	
Day(s):	<input type="checkbox"/> MON	<input type="checkbox"/> FRI	Time:
	<input type="checkbox"/> TUE	<input type="checkbox"/> SAT	
	<input type="checkbox"/> WED	<input type="checkbox"/> SUN	
	<input type="checkbox"/> THU		
Supervisor Name:			Tentative Start Date:
Supervisor Name:			Extension

Assignment #2

Position No.		Description:	
Day(s):	<input type="checkbox"/> MON	<input type="checkbox"/> FRI	Time:
	<input type="checkbox"/> TUE	<input type="checkbox"/> SAT	
	<input type="checkbox"/> WED	<input type="checkbox"/> SUN	
	<input type="checkbox"/> THU		
Supervisor Name:			Tentative Start Date:
Supervisor Name:			Extension

Assignment #3

Position No.		Description:	
Day(s):	<input type="checkbox"/> MON	<input type="checkbox"/> FRI	Time:
	<input type="checkbox"/> TUE	<input type="checkbox"/> SAT	
	<input type="checkbox"/> WED	<input type="checkbox"/> SUN	
	<input type="checkbox"/> THU		
Supervisor Name:			Tentative Start Date:
Supervisor Name:			Extension

VOLUNTEER ORIENTATION DATE:	<input type="checkbox"/> Attended <input type="checkbox"/> No call/no show <input type="checkbox"/> Rescheduled:
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SPECIAL TRAINING DATE(S):

EHS APPOINTMENT DATE:

PAPERWORK CHECKLIST: Volunteer Job Description Volunteer Expectations Confidentiality
 EEO Form Computer Authorization Form Background check form

ACTIVATION DATE:	ACTIVATED BY:
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ASSIGNMENT ENDED (DATE):	DEACTIVATED BY:
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COMMENTS:

