



Highland Hospital • Ambulatory Healthcare Services
Fairmont Campus • John George Psychiatric Pavilion

Volunteer Department
1411 East 31st Street
Oakland, CA 94602
(510) 437-8363

www.alamedahealthsystem.org

Volunteer Application

Please print clearly and fill this application out thoroughly and completely. Thank you!

1. PERSONAL INFORMATION

Name: _____
(First, Middle, Last)

Home Address: _____

Current Address: _____
(If different from above)

Cell Phone: _____ Alternate Phone: _____

E-mail: _____ Date of Birth: _____

Email is our primary source of communication, is this okay? YES NO

If no, please explain _____

2. AVAILABILITY & COMMITMENT – a minimum commitment term is ONE year.

Commitment Term: _____ Start Date: _____ End Date: _____
(Number of Months) (Approximate) (Approximate)

Days and Hours of Availability: Please indicate at least one 4-hour time block

Monday:

Thursday:

Saturday:

Tuesday:

Friday:

Sunday:

Wednesday:

**First 100 probation hours
MUST be completed
during business hours
8am-5pm, Monday-
Friday.**

Are you available to volunteer during business hours? YES NO
(Please circle one answer)

Is your availability flexible or subject to change? YES NO
(Please circle one answer, if YES, explain below)

-----OFFICE USE ONLY – Please do not write below this line-----

3. EDUCATION & EMPLOYMENT

Education Level: High School: 1 2 3 4 College: 1 2 3 4 Post Graduate: 1 2 3 4
(Please circle highest level completed)

Other: _____

Are you currently a student? YES NO

Name of School: _____ Grade/Year: _____

Major/Field of Study: _____

Is volunteer work required for a class assignment or graduation? YES NO

Are you currently employed? YES NO Hours per week: _____

Employer: _____ Job Title: _____

Are you currently looking for employment? YES NO

Please list any relevant clubs/organizations in which you have been a member or help a position:

4a. VOLUNTEER INFORMATION

Please indicate your reason(s) for volunteering (check all that apply):

- Pre-Health Service to the Community
 Pre-Medicine Other (please explain): _____
 Pre-Nursing

Please indicate your areas of volunteer interest (check all that apply):

- Highland Emergency Department Office/Clerical
 Highland Maternal & Child Health (MCH) Gift Shop
 Highland Step Down Unit/Medical Surgical Information Desk
 Highland Pharmacy Magazine Cart
 Fairmont Skilled Nursing Facility
 Other: _____

Have you ever worked in a hospital as a volunteer? YES NO

If so, where? _____ When? _____

What were your primary responsibilities? _____

Have you ever been employed by Alameda Health System (AHS; formerly Alameda County Medical Center, ACMC)? YES NO

Where? _____ When? _____

Are you related to or do you know any employee or volunteer of Alameda Health System (AHS; formerly Alameda County Medical Center, ACMC)? YES NO

Name: _____ Relationship: _____

Department: _____

4b. VOLUNTEER INFORMATION (continued)

Do you speak/read/write any foreign language(s)? Please list and indicate fluency for each language:

Do you have any physical/mental/medical condition that would limit your volunteer abilities? If yes, explain:

How did you hear about the volunteer program at Alameda Health System (AHS; formerly Alameda County Medical Center, ACMC)?

What special skills do you bring to this volunteer opportunity?

Why do you want to be a hospital volunteer for Alameda Health System (AHS; formerly Alameda County Medical Center, ACMC)?

Would you say that you are compassionate? Responsible? Diligent? Please explain:

Communication is very important. How will you insure necessary and appropriate communication will be made? _____

5. TERMS AND CONDITIONS

Have you been convicted of a crime other than a minor traffic offense (including Military Service offenses)?

[Attention: AHS conducts criminal record checks, and failure to provide complete information will disqualify your application. However, a conviction will not necessarily disqualify you from volunteering or employment]

YES NO

If YES, please explain: _____

Are you currently being charged with a crime that has not yet resulted in a plea of guilty, court trail, deferred adjudication, or dropping of the charge(s)?

YES NO

If YES, please explain: _____

Please carefully read the following statements, and then initial next to each to indicate you agree/accept the terms.

_____ I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause the immediate termination of my volunteer assignment.

If accepted as an Alameda Health System (AHS; formerly Alameda County Medical Center, APMC) Volunteer, I agree that:

_____ I am committed to one year of volunteer service with AHS and will volunteer a minimum of 4 hours a week for the duration of that year.

_____ I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from any patient.

_____ My services are donated to the Alameda Health System without expectation of compensation or future employment, and given with humanitarian, religious, or charitable reasons.

_____ I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on and off of AHS property, nor act as a runner or capper for an attorney in the solicitation of business. I shall immediately report all known occurrences of solicitation for attorneys to the Volunteer Program Manager.

_____ I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on AHS premises, unless I receive the express authorization of the Volunteer Program Manager to engage in these activities.

_____ I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

_____ I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Manager.

_____ I shall make my best effort to fulfill my commitment to the Alameda Health System by completing all assignments that I accept.

_____ I shall at all times uphold the philosophy and standards of the Alameda Health System.

_____ I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continues service as a volunteer contrary to the best interests of AHS.

_____ I have read each of the above conditions and I agree to be bound by each of them.

Volunteer Signature: _____ **Date:** _____

In case of emergency please notify: _____

Relationship: _____

Phone: _____