



## Adult Volunteer Application

18111 Brookhurst St. Suite 4500  
Fountain Valley, CA 92708  
714-378-7749

### INFORMATION:

First Name:	Middle Name:	Last Name:	TODAY'S DATE:
Home Street Address:			
City:	State:	Postal Zip Code:	
Home Phone:	Cell Phone:	Email address:	
Are you 18 or older?      Yes <input type="checkbox"/> No <input type="checkbox"/>			

### EMERGENCY CONTACTS:

First Emergency Contact Name:	Phone Number:	Relationship:
Second Emergency Contact Name:	Phone Number:	Relationship:

### HEALTH INFORMATION:

I'm willing to get a free flu shot once a year.      Yes     No

Do you have any health (physical or mental) or other restrictions that may affect your service?  
Yes     No     I do not wish to answer     Please provide information that will assist in successful program placement:

### EDUCATION:

Highest Level of Education: College <input type="checkbox"/> Currently in college <input type="checkbox"/> GED/Diploma <input type="checkbox"/> Post Graduate <input type="checkbox"/>	Name of college:	Area of study:
What year are you in?	Are you volunteering to seek class credit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
List any job skills, experiences, training or hobbies that you will use while volunteering:		
List any previous or present volunteer experiences:		

### AVAILABILITY:

I agree to commit to a minimum of 9 months and 150 hours of service: Yes <input type="checkbox"/> No <input type="checkbox"/>	I'm able to volunteer in a shift of 4 hours once a week or more: Yes <input type="checkbox"/> No <input type="checkbox"/>
My first volunteer shift preference is: <b>AM:</b> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>PM:</b> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	My second volunteer shift preference is: <b>AM:</b> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>PM:</b> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

My first volunteer opportunity preference is:	My second volunteer opportunity preference is:	My third volunteer opportunity preference is:
Which volunteer opportunities interests you the most and why?		
<b>REFERENCES:</b>		
First Reference Name:	First Reference Phone:	First Reference Relationship to you:
Second Reference Name:	Second Reference Phone:	Second Reference Relationship to you:
MemorialCare Employee Name:	MemorialCare Employee Phone:	MemorialCare Employee Relationship to you:

**Please read the following carefully before signing this document:**

I hereby affirm that the information provided in this application is true and complete. I understand that providing any false or misleading information or omissions may disqualify me from further consideration as a volunteer and can result in my immediate termination if discovered. I understand that volunteer partnerships with Orange Coast Medical Center are established at the discretion of hospital management. I also understand that there is a ninety (90) day probationary period; within the first 90 days of my volunteering I can terminate my relationship with Orange Coast Medical Center without stating a reason or cause; I also understand that volunteer management can also terminate my volunteer relationship with the Hospitals within the first ninety days (90), and at any other time, without stating a reason or cause.

I understand that if there is an opportunity for me to volunteer at Orange Coast Medical Center as a volunteer, I must consent to a security background check, TB test screenings, attend an interview and orientation. MemorialCare reserves the right to investigate an individual's prior volunteer involvement, employment history, personal references, educational background, as well as other information that is reasonably available to MemorialCare. Any and all information obtained through a lawful investigation will be maintained in the strictest confidence. I understand that this is an application for and not a commitment or promise of volunteer opportunity.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**IMPORTANT INFORMATION**

**Commitment**

**Volunteers are greatly appreciated and a tremendous value to our medical centers; a nine month minimum or 150 hours commitment is required for adults.** Our mission is to provide our volunteers with an impactful volunteer experience by providing opportunities for meaningful work while adding value to the organization.

**Health and Safety Requirements**

Please carefully review the health requirements necessary to become a member for our team. All candidates must complete two TB screening tests and one annually thereafter. The first step must be completed prior to starting volunteer services and the second step two weeks after the volunteer's start date. TB skin placements are provided by the medical center at no cost to the volunteer. During the peak flu season, all new volunteers are required to have an influenza vaccine. If you are unable to receive the flu vaccine you will be required to wear a mask for the duration of the flu season, as adhered to in the masking policy established by MHS Policy/Procedure #361

**A COPY OF VOLUNTEER ACCUMULATED HOURS IS AVAILABLE AFTER NINE MONTHS OR 150 HOURS OF VOLUNTEER SERVICE.**

**I intend to volunteer my time and service without contemplation/expectation of payment or benefit of any kind.**

I have read and understand the following:

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

**X**