



Volunteer Application
 Saddleback Medical Center
 24451 Health Center Dr
 Laguna Hills, CA 92653

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 No

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: High School College	Name of School or College	
What year are you in?	Are you volunteering to seek class credit? Yes No	Are you presently employed? Yes No

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 or 200 hours of service: Yes No	I'm able to volunteer in a shift of 4 hours once a week or more: Yes No	
My first volunteer shift preference is: AM: Mon Tues Wed Thurs Fri Sat Sun PM: Mon Tues Wed Thurs Fri Sat Sun	My second volunteer shift preference is: AM: Mon Tues Wed Thurs Fri Sat Sun PM: Mon Tues Wed Thurs Fri Sat 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?

REFERENCES:

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 at Saddleback 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 Saddleback Medical Center without stating a reason or cause; I also understand that volunteer management can also terminate my volunteer relationship with the Hospital 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 Saddleback Medical Center as a volunteer, I must consent to a security background check (If 18 years of age or older), 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 minimum of 200 hours commitment is required. 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. TB skin placements are provided by the medical center at no cost to the volunteer. During the flu season, all volunteers are required to have an influenza vaccine.