Contra Costa Regional Medical Center
Adult Volunteer Application

Today's Date: _____

First Name: _____Middle Initial: _____ Last Name: _____

Address: _____
(Number and Street, No Post Office Box Accepted) (Apt. #) (City) (Zip Code)

Home Phone ( ) _____ Cell Phone ( ) _____

Business Phone ( ) _____ Email: _____

How did you hear about the CCRMC volunteer program? □Current/Former volunteer □Former Patient
□Staff Member □CCRMC Website □Contra Costa County Volunteer Center □Other

Please list any language you speak fluently, besides English:_____

EMPLOYMENT:

Current Employment Status: □County Employee □Full Time □Part Time □On Call □Retired □Unemployed

Employer: _____ Address: _____

EMERGENCY CONTACT INFORMATION:

_____	_____	_____	_____
Last Name	First Name	Contact Number	Relationship
_____	_____	_____	_____
Last Name	First Name	Contact Number	Relationship

Do you have a health problem we should be aware of in case of emergency? □ Yes □ No
(If yes, please describe and attach additional sheet if necessary – such as history of back trouble, heart, epilepsy, diabetes, fainting, etc.)

Primary Care Physician:_____
Name Telephone Number Hospital

Dentist:_____
Name Telephone Number Address

REFERENCES: In order to process your application, it is essential that all information requested below is provided. References should not be from relatives. References from current or past supervisors are preferred.

1. _____
Name Address Phone #

Email:_____ How do you know this person:_____

2. _____
Name Address Phone #

Email:_____ How do you know this person:_____

To provide a quality volunteer program at the Contra Costa Regional Medical Center and to insure that we do our best to match the needs of the Hospital and our Volunteers, we ask a certain amount of detailed information regarding your personal and work related experiences. With this information we are better able to offer you an assignment that can be tailored to your needs as well as ours.

EDUCATION:

□ 2-Year College Completed □ 4-Year College Completed □ Graduate Studies □ Adult Education

Area of Study:_____

Please note any ORGANIZATION AFFILIATIONS that you have:

_____

ADDITIONAL INFORMATION:

Are you willing to be called to serve as a volunteer in the event of a County wide emergency such as an Earthquake or Flood: □Yes □No

Are you doing volunteer work as an education requirement? Yes □□ No □□ If yes, how many hours are required?

____

You are invited to join our auxiliary. Would you be interested? □ Yes □ No

Would you be willing to serve in a capacity that might require patient contact? □ Yes □ No

Would you be willing to push a wheelchair if needed? □ Yes □ No

I understand that I am volunteering my services to Contra Costa Regional Medical Center and/or Health Centers without promise or expectation of compensation or future employment. I further agree to serve as a volunteer for a minimum of 200 hours within the calendar year.

_____ _____

Signature **Date**

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Why, at this particular time in your life have you chosen to volunteer with us?

What do you hope to gain from being a volunteer?

What life experiences have you had that might be useful to you in volunteering with our hospital?

Disclaimer: Applicants will be required to submit an application, participate in a face-to- face interview, provide references for checking, complete a background check, and attend a training

program prior to placement. Applicants who provide false information shall be disqualified for, or terminated from service.