Volunteer Application

Sharp Memorial Hospital | Sharp Mary Birch Hospital for Women

Thank you for your interest in volunteering with Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns. Please take a few moments to complete this application and return it to the address shown below. We will invite you to register for one of our volunteer orientations which are held multiple times per month.

Sharp Memorial Hospital
Volunteer Services – Trailer E
7901 Frost Street
San Diego, CA 92123

Please type or print very clearly:

Name _____ Phone _____
First Middle Last Circle: Home - Cell - Work

Address _____ Secondary Phone _____
Street Apt. # Circle: Home - Cell - Work

City, State, Zip _____

Email Address (please print clearly) _____

Confirm Email Address (please print clearly) _____

Please explain your motivation for volunteering? _____

_____

_____

Length of time you are willing to commit to volunteering: ☐ 6 months to 1 year ☐ 1 year to 2 years ☐ 2+ years

Please check the types of volunteer work you are interested in:

☐ Arts for Healing ☐ Guest Services ☐ Gift Shop ☐ Other: _____
☐ Emergency Dept. ☐ Nursing Unit Support ☐ Clerical ☐ Wherever I'm most needed

Did you graduate from high school? ☐ Yes ☐ No Are you over the age of 18? ☐ Yes ☐ No

What high school did you attend? _____

Are you presently in school? ☐ Yes ☐ No Which School? _____

Major: _____ Career Goal: _____

Have you ever volunteered Sharp HealthCare? ☐ Yes ☐ No If yes, when & where: _____

Have you ever worked for Sharp HealthCare? ☐ Yes ☐ No If yes, when & where: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, describe the circumstances: _____

_____

☐ I agree to fulfill the minimum commitment of 6 months and 100 hours of service and will adhere to the policies and procedures of Volunteer Services.

☐ I acknowledge that I have read and understand the volunteer placement process: (1) complete and submit an application, (2) register and attend an orientation, (3) complete a personal interview, (4) complete a health screening, and (5) complete the placement appointment. All of these steps must be completed within 45 days from my orientation date or I will need to start the process from the beginning.

All the items above are required. Incomplete applications will not be processed.

Signature _____ Date _____

Please call (858) 939-3588 if you have any questions.