

## **STUDENT VOLUNTEER APPLICATION PACKET AND INSTRUCTIONS**

Thank you for your interest in applying to Sharp Chula Vista's Volunteer program. The following information will help guide you through the application process. The application and onboarding process is lengthy and detailed, often taking up to four months before active volunteering begins.

### **ALL APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

1. Be an adult currently enrolled in higher education
2. Have a minimum GPA of 3.0

### **EXPECTED COMMITMENT:**

1. Long-term volunteer opportunity. Minimum of one year, with the option to continue beyond one year.
2. Shifts are 2-4 hours, once per week.
3. Radiology, Physical Therapy and Nutrition student requirements are different. Please contact the Volunteer Office for details.

### **APPLICATION and ONBOARDING PROCESS:**

1. **APPLICATION:**
  - a. Return the completed application to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. Completed packet will include: application, unofficial transcripts and professional recommendation form.
  - b. An incomplete application will not be considered. If your application is incomplete in any way, Sharp Chula Vista Volunteer Services is not obligated to notify you.
  - c. We do not accept court ordered volunteers.
2. **INTERVIEW:**
  - a. Those applicants being considered for an available position will be invited to an interview. Interviews are conducted on an ongoing basis.
  - b. Those not being considered for an interview will receive written notification either by mail or email. It is not our policy to give feedback as to why an applicant was not selected for an interview.
  - c. During the interview every attempt is made to match applicants to the most appropriate service area with regard to scheduling, skills and interests.
3. **ORIENTATION AND TRAINING:**
  - a. If after being interviewed, we have a placement for you, you will be notified by email of your acceptance and will be given detailed instructions to complete the onboarding process.
  - b. Upon acceptance, you will learn which position you have been assigned.
  - c. Volunteer Services staff reserves the right to place you in a high priority position. You reserve the right to accept or decline the position being offered.
  - d. Onboarding includes: online and in-person orientations, completion of required training and documentation forms, health clearance, uniform purchase and ID issue.
  - e. Training in your assigned position takes place after completion of all onboarding requirements. Training is conducted with an experienced volunteer or staff member.
  - f. After successful completion of position specific training sessions, you will begin volunteering on your assigned shift.

**HEALTH REQUIREMENTS:**

If accepted as a Student Volunteer, below are the Health Requirements. **NO ACTION IS REQUIRED AT THIS TIME.** More information regarding these requirements will be provided at the orientation.

1. MMR Vaccine (Measles/Mumps/Rubella) documentation or titer
2. Varicella vaccine (chickenpox) documentation or titer
3. Pertussis vaccine (Tdap) documentation
4. COVID vaccination documentation or receive vaccine from Sharp Healthcare
5. Influenza vaccination documentation, sign declination or receive vaccine annually from Sharp Healthcare
6. TB Testing: QFT blood draw or provide documentation QFT within 90 days of your scheduled appointment

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at [scv.volunteers@sharp.com](mailto:scv.volunteers@sharp.com).

**Please return this completed application packet in person or by mail to:**

**Sharp Chula Vista Auxiliary  
751 Medical Center Court  
Chula Vista CA 91911**

**Complete packet includes:**

- **Student Volunteer Application**
- **Unofficial transcript(s)**
- **Professional Recommendation Form**

**STUDENT VOLUNTEER APPLICATION**

**AGES: 18+ ENROLLED IN HIGHER EDUCATION**

**MINIMUM GPA: 3.0**

**COMPLETE PACKET INCLUDES:  
application, unofficial transcript(s) and  
professional recommendation form**

For office use only:

Date received \_\_\_\_\_

Vsys entered \_\_\_\_\_

Date called \_\_\_\_\_

Interview scheduled \_\_\_\_\_

Vsys updated \_\_\_\_\_

Pin # \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_

Indicate phone type:    Mobile    Home

School \_\_\_\_\_

Major \_\_\_\_\_

Certifications held \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Birthday month and day \_\_\_\_\_ / \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

List any volunteer experience. Provide name of organization and dates of service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any current employers:

\_\_\_\_\_

\_\_\_\_\_

Other activities, hobbies, clubs:

\_\_\_\_\_

\_\_\_\_\_

Person to notify in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any family members or friends currently working or volunteering for Sharp HealthCare?

No     Yes, please list:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you speak any other languages?

No     Yes, please list \_\_\_\_\_

Do you have any physical restrictions that would require accommodations?

No     Yes, please explain \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor criminal offenses?

No     Yes, please explain \_\_\_\_\_

*Feel free to answer questions on a separate document and include with application packet.*

How did you become interested in volunteering and why did you choose Sharp Chula Vista?

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What does the “Sharp Experience” mean to you?

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What interests and skills do you have that would make you a great asset to the “Sharp Experience”?

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Write about what you do to make a positive first impression:

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Describe how you express gratitude and appreciation, or how you recognize the accomplishments of others?

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What are your career goals?

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**Volunteer Positions:**

Please check all positions that interest you:

**Patient Support:**

- Barnhart Cancer Center
- Birch Patrick Activities Aide
- Healing Touch / Reiki
- Music for Healing
- Patient Activity Cart
- Patient Companion

**Customer Service:**

- Ambassador / Escort
- Gift Shop
- Maternity Aide
- Shuttle Driver

**Department Support:**

- Central Supply Runner
- Infusion Center Aide
- Pharmacy Runner

**Specialty:**

- Clinical Nutrition Student
- Physical Therapy Student
- Radiology Student

**Volunteer Schedules:**

Please check all days and times that may work for you so we can find you the best shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 8-12							
Midday 12-3							
Afternoons 3-6							
Evenings 6-8							

**Certification: Prospective Student Volunteer Signature**

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Chula Vista Auxiliary and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. I release Sharp Chula Vista Auxiliary and Medical Center and my former employers from any liability for damage, which may result from any such investigation. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986. I certify the above is true to the best of my knowledge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## Recommendation Form for Student Volunteers

Student volunteer applicants must submit this Recommendation Form completed and sealed as part of the application packet. The Recommendation Form can be filled out by a school counselor or administrator, professor, employer, volunteer manager, religious leader, coach, or other adult who can attest to your qualifications and abilities. This form may not be filled out by parents or other relatives.

This form must be in a sealed envelope by the referee prior to returning it to you. It must remain sealed when submitted as part of your application.

### THIS PORTION IS TO BE FILLED OUT BY APPLICANT

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS PORTION IS TO BE FILLED OUT BY REFEREE

The above applicant has applied to become a volunteer at Sharp Chula Vista Medical Center. He/she will be assisting with basic hospital duties, such as transporting equipment, engaging in patient contact, and working with confidential paperwork. Volunteering at Sharp Chula Vista Medical Center calls for maturity, a sense of responsibility, dependability, and sound ethical conduct. As such, it is our policy to screen all applicants and would appreciate your help in this process.

Please answer the questions below and add any comments you wish to make about the applicant. Please enclose your completed form in a sealed envelope. All information you provide will be kept strictly confidential. Thank you for your assistance.

Your name \_\_\_\_\_

Position or relationship to applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

List strengths of applicant \_\_\_\_\_

List weaknesses of applicant \_\_\_\_\_

This form continued on back

**Continued: THIS PORTION IS TO BE FILLED OUT BY REFEREE**

The volunteer work that is performed at Sharp Chula Vista is significant to our “Sharp Experience” culture. Therefore, we weigh this evaluation form highly when selecting top candidates. Please evaluate and rate carefully and include any comments you feel may be helpful.

	Strong	Average	Weak	Comments
Integrity				
Trustworthiness				
Responsibility				
Personality				
Follows instructions				
Friendliness				
Punctuality				
Patience				
Circle your overall recommendation (10 being highly recommend): 1 2 3 4 5 6 7 8 9 10				

Any further comments? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For any questions, contact:  
**Sharp Chula Vista Volunteer Services**  
**751 Medical Center Court**  
**Chula Vista, California 91911**  
**Office: (619) 502-3606**  
**Email: [scv.volunteers@sharp.com](mailto:scv.volunteers@sharp.com)**

**THIS FORM MUST BE SEALED PRIOR TO RETURNING TO APPLICANT**