



ADULT VOLUNTEER APPLICATION INFORMATION AND PROCEDURES

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.

APPLICANT CRITERION:

1. Must be at least 18 years old and not a student pursuing higher education.

As a volunteer, you will be considered a member of the Sharp Chula Vista Auxiliary, which is a service organization. The mission of the Auxiliary is to render service to the hospital and its patients; assist the hospital in promoting the health and welfare of the community; conduct a fund-raising program in accordance with the objectives established by the governing board of the hospital. As such, volunteering does not guarantee and is not an avenue to employment at Sharp Chula Vista Medical Center.

AUXILIARY MEMBERSHIP LEVELS:

- **Active:** Active members (a.k.a. senior volunteers) are required to contribute at least 50 hours and one year of service.
- **Life:** Life members make a special contribution to the Auxiliary and hospital by becoming permanent members of the Auxiliary. Their names are engraved on a plaque in the Volunteer Office. There is no minimum hours-of-service requirement; one-time dues are \$150.00.
- **Special Groups:** Dues are waived for Special Groups (such as Mended Hearts and Clowns).

APPLICATION and ONBOARDING PROCESS: This process can take anywhere from one to four months, depending on several factors.

1. APPLICATION:

- a. Return the completed application to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. An incomplete application will not be considered.
- b. 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. 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.
- d. 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.

3. ORIENTATION:

- a. After being interviewed, if we have a placement for you, you will be notified by email of your acceptance and required to complete an online orientation.
- b. During the online orientation you will be instructed on how to register for the in-person Orientation.
- c. During the in-person Orientation, you will be asked to pay dues, will be given information about the purchase of the uniform and how to complete the health requirements.

4. PLACEMENT AND TRAINING:

- a. You will learn where you have been placed upon acceptance.
- b. After both Orientations, and upon completion of your health clearances, you will be scheduled to train.
- c. After you complete 3 position specific training sessions, you will be assigned your schedule and can begin volunteering.

HEALTH REQUIREMENTS: This is for informational purposes only. Complete instructions on Health Requirements are covered in full at the in-person Orientation. No action is required prior to application or orientation.

Volunteers in hospitals and clinics

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) One dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) A verbal statement if you have had chickenpox illness in the past. If you have not had chickenpox you will need documentation of 2 doses of varicella (chickenpox) vaccine.

Volunteers in Women's Clinical Areas

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) During flu season, October to March, one dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) Documentation of immunity to chickenpox. You can provide either a titer (blood test) showing proof of immunity if you have had chickenpox in the past OR if you have not had chicken pox you will need documentation of 2 doses of varicella (chickenpox) vaccine.
- 6) Documentation of hepatitis B vaccine.

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at scv.volunteers@sharp.com. We will get back to you as soon as possible.

Thank you for your interest in Sharp Chula Vista Medical Center's Adult Volunteer Program.



**ADULT VOLUNTEER
APPLICATION
AGES: 18 and Over
Non-Students**

FOR OFFICE USE ONLY:
DATE RECEIVED _____

Vsys entered _____
Date called _____
Interview sched. _____
Letter sent _____
Vsys update _____

Name: _____ e-mail: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Preferred method of formal communication: _____ Mail _____ Email _____ Phone

Birth Month and Day: _____ How did you hear about us? _____

Are you currently enrolled in school? Y N

Name of School _____ Major _____

Work Experience: _____

Volunteer Experience: _____

Special Skills/Training: _____

Degrees/certificates: _____

Do you speak any other languages? List: _____

Other Activities/Hobbies/Clubs: _____

Are you currently employed? Y N Company Name: _____

Do you have any physical restrictions that would require accommodations? Y N (explain)

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

Person to notify in case of emergency:

Name: _____ Phone: _____ Relationship: _____

CERTIFICATION:

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 Hospital 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: _____ Date: _____

Information to assist us with your possible placement:

Why are you interested in becoming a volunteer at Sharp Chula Vista?

What does the “Sharp Experience” mean to you?

Volunteer Opportunities

Please check all the volunteer positions that interest you

- | | | |
|---|--|---|
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Emergency Dept. Liaison | <input type="checkbox"/> Music for Healing |
| <input type="checkbox"/> Ambulatory Care Aide | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Patient Companion |
| <input type="checkbox"/> Arts for Healing | <input type="checkbox"/> Healing Touch / Reiki | <input type="checkbox"/> PACU Liaison |
| <input type="checkbox"/> Barnhart Cancer Center | <input type="checkbox"/> Infusion Center Aide | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Birch Patrick Aide | <input type="checkbox"/> In-Patient Volunteer | <input type="checkbox"/> Pharmacy Aide |
| <input type="checkbox"/> Book Cart | <input type="checkbox"/> Knit and Crochet Group | <input type="checkbox"/> Quiet Cart |
| <input type="checkbox"/> Clerical Services | <input type="checkbox"/> Maternity Aide | <input type="checkbox"/> Reception & Information Desk |
| <input type="checkbox"/> Clown Therapy | <input type="checkbox"/> Mended Hearts | <input type="checkbox"/> Shuttle Drive |
| <input type="checkbox"/> Emergency Dept. Aide | <input type="checkbox"/> MICU Aide | <input type="checkbox"/> Anywhere Needed |

Please check all the times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 9-12							
Afternoons 12-3							
Middy 3-6							
Evenings 6-9							

How many hours per week can you devote to volunteer activities? _____

Please return this completed application in person, by mail or email to:

**Sharp Chula Vista Auxiliary
751 Medical Center Court
Chula Vista CA 91911
scv.volunteers@sharp.com**