



Hazel Hawkins
MEMORIAL HOSPITAL

APPLICATION FOR VOLUNTEER SERVICES

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you currently employed or in school? May _____ If so, where? _____

we phone you at work? _____ Work Phone: _____

IN AN EMERGENCY, PLEASE NOTIFY

Name: _____

Relationship: _____ Phone: _____

EXPERIENCE

Work/Professional/Volunteer: _____

Why do you want to volunteer and what do you hope to get out of the experience? _____

LANGUAGE PROFICIENCY

Do you speak/read another language besides English? If Yes No

so, please list: _____

HEALTH

Are there any work activities or conditions which you must avoid? If yes, _____
please explain: _____

Each volunteer is required to meet the health requirements established for volunteer service. Continued participation is contingent upon the Volunteer's physical and mental ability to successfully perform the service assignment as required in the service description. **Prior to volunteering, a health screening which includes a brief physical, lab work, two (2) TB skin tests and possible vaccinations will be required. While there is no cost to you, the cost to the San Benito Health Care District is approximately \$350 per person. For this reason, it is imperative that you are willing and able to fulfill a long term (minimum six months) volunteer commitment here at SBHCD.**

AREAS OF INTEREST

Reception Desk Skilled Nursing Emergency Department
 Thrift Shop Women's Center Gift Shop

Are you comfortable with direct patient contact? Yes No

DAYS AVAILABLE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PREFERRED SHIFTS: Morning Afternoon Evening

We ask for a minimum of six (6) months service and a monthly commitment of at least eight (8) hours, usually usually worked in two (2) four hour shifts. Are you able to make this kind of commitment? Yes No

Have you ever been convicted of a crime other than a traffic violation? If Yes No

you answered yes, what were you convicted of and when?

(A conviction is not an automatic bar to volunteering. Each case will be considered on its own merits.)

Are you applying to be a volunteer to fulfill court mandated community service hours? Yes No

REFERENCES (Please do not use family members.)

NAME	PHONE # / EMAIL ADDRESS	YEARS ACQUAINTED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



Hazel Hawkins
MEMORIAL HOSPITAL

911 Sunset Drive, Hollister • (831) 637-5711

hazelhawkins.com

Like us on 



For questions or more information, contact the Volunteer Coordinator at

(831) 636-2681

Thank you for your interest in volunteering!