



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? \_\_\_\_\_ If so, where? \_\_\_\_\_

May 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?  Yes  No

If 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 ability to successfully perform the service assignment as required in the service description. **Prior to volunteering, a health screening which includes a physical, lab work and TB testing 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 interaction?     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](http://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!