

REFERENCES

Name: _____ Phone: (____) _____ Ext. _____
Address: _____ State: _____ Zip: _____
Comments: _____

Name: _____ Phone: (____) _____ Ext. _____
Address: _____ State: _____ Zip: _____
Comments: _____

How did you first hear about Bonita Community Health Center's Volunteer Program?

- Current/Former Volunteer, Name _____ Media
- Other _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Languages: _____

Volunteer Experience/Community Affiliations: _____

Recreation/Hobbies: _____

What kinds of things would you enjoy doing as a volunteer?

SCHEDULING PREFERENCES

WORK TIMES: Morning Afternoon Evening

WORK DAYS: Mon. Tues. Wed. Thurs. Fri. Sat.

COMMENTS: _____

PLEASE READ AND SIGN:

**IF ACCEPTED INTO THE BONITA COMMUNITY HEALTH CENTER
VOLUNTEER PROGRAM, I AGREE TO:**

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff.
2. Honor my commitment to a specific job assignment.
3. Donate my services without contemplation of compensation or future employment.
4. Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
5. Furnish the appropriate volunteer uniform and maintain a well-groomed appearance.
6. Attend orientation and inservice training as scheduled.
7. Carry out all assignments in a professional manner, and seek the assistance of my supervisor when necessary.
8. Discuss any problems, criticism or suggestions with my supervisor.
9. Become familiar with and adhere to BCHC's policies and procedures.
10. Adhere to the volunteer department's sign-in procedure.
11. Notify my supervisor if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
12. Honor the minimum commitment of volunteer services with the first 25 hours being a probationary period.
13. I understand that the Business Coordinator reserves the right to terminate my volunteer status as a result of (a) failure to comply with health system policies; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the supervisor, would make continued services as a volunteer contrary to the best interests of Bonita Community Health Center and its patients.
14. I, the undersigned, consent to any (1) pre-volunteer testing required by Bonita Community Health Center; (2) annual health testing required by Bonita Community Health Center.

I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that mis-statements of material facts may cause me to be disqualified from holding a volunteer position at Bonita Community Health Center.

I have read each of the above conditions, and agree to honor them.

Volunteer's Signature

Date

FOR OFFICE USE ONLY

1. POSITION: _____
DAY(S): _____ SHIFT (Hours) _____ to _____
Supervisor _____

2. POSITION: _____
DAY(S): _____ SHIFT (Hours) _____ to _____
Supervisor _____

Placed Unable to Place

Comments: _____

	<u>DATE</u>	<u>BY WHOM</u>
Orientation	_____	_____
Interview	_____	_____
Uniform	_____	_____
Welcome Letter	_____	_____
Resigned	_____	_____