



**Northeast Valley
Health Corporation**
a californiah⁺health center

13803 Foothill Boulevard, Sylmar, CA 91342
Phone (818) 898-1388 • Fax (818) 898-3425
volunteers@nevhc.org

VOLUNTEER/STUDENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department. NEVHC is an Equal Opportunity Employer that finds strength in diversity.

Please Read Carefully - Write clearly in ink - Answer All Questions Date: _____

Name _____
Last First Middle

Have you ever used another name? Yes No If yes, please specify for purposes of a reference check:

_____ Email Address _____

Address _____
Number & Street City State Zip Code

Years at current address? _____ Home Phone () _____ Work/Message Phone () _____

Driver's License Identification Card: _____ Expiration Date: _____

VOLUNTEER SCHEDULE:

How long can you commit to volunteer? 3-6 months 6-12 months more than 12 months

How many hours per week can you volunteer? _____ Please list below the hours and days you are available:

Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Volunteer Position(s) Desired: 1. _____ 2. _____ 3. _____

Are you fulfilling a school/class requirement for an Internship or Externship? Yes No

Referral Source: School/College/University Name _____

Relative Name _____ Friend Name _____

Other (describe) _____

PERSONAL DATA:

Do you have any friends or relatives who work or volunteer for NEVHC? Yes No If yes, name: _____

Have you ever been convicted of a crime (felony or misdemeanor) **other than** (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program? Yes No

If yes, please state the date of conviction, the county and state and the nature of the offense. An affirmative response to this question will not result in your automatic disqualification for volunteering.

EDUCATION: Did you graduate from High School? Yes No Currently enrolled. Name of High School _____ If you did not graduate from High School, do you possess a GED Yes No List college or university, trade or technical, business or vocational schools attended

Name and Address of School	No. of Years Attended	Subjects Studied	Diploma Degree
University			
College			
Trade or Vocational			

Do you speak Spanish? Yes No Can you translate Spanish? Yes No

Do you speak another non-English Language? _____

List skills you possess:

Type _____ WPM Customer Service Experience Computer Skills: MS Word Access Excel
 Telephone Etiquette Medical Billing/Coding Data Entry (strokes/hour____) Filing Other: _____

List any additional qualifications you have. You do not have to list information that might reveal your race, religion, sex or national origin.

Please list membership in professional organizations which you feel would enhance your volunteer application. **You may exclude any names that would indicate the race, religious creed, color, national origin, or ancestry of its members.**

LICENSED PROFESSIONAL & TECHNICAL APPLICANTS ONLY Professional License Number: _____

Expiration Date: _____ Type of License Held: _____ State: _____

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied to volunteer, as set forth on the job description for that position? Yes No

If "Yes," please explain:

REFERENCES:

Name	Telephone	Business	Years Acquainted

EMPLOYMENT AND VOLUNTEER RECORD:

List all jobs, military service, verifiable volunteer work and self-employment in the USA during the last ten (10) years. Begin with the present or most recent job and **be sure to include any periods of non-activity greater than one month.** Please print clearly.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ATTACH A RESUME. (If additional space is required, utilize the reverse side of this page.)

Co. Name, Address, and Telephone No.	Dates of Employment & Volunteering Month /Year	If Employed, Rate of Pay	Name and Phone No. of Supervisor	Duties & Responsibilities	Reason for Leaving
<u>PRESENT/LAST JOB</u>					
Company Name: _____ _____ Address: _____ () _____ Phone Number	From ____/____ To ____/____ # Hrs./week	Starting Ending Hrly/Sal	Name of Supervisor () _____ Phone Number May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Duties: _____ _____ _____ _____	_____ _____ _____ _____ _____
Company Name: _____ _____ Address: _____ () _____ Phone Number	From ____/____ To ____/____ # Hrs./week	Starting Ending Hrly/Sal	Name of Supervisor () _____ Phone Number May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Duties: _____ _____ _____ _____	_____ _____ _____ _____ _____
Company Name: _____ _____ Address: _____ () _____ Phone Number	From ____/____ To ____/____ # Hrs./week	Starting Ending Hrly/Sal	Name of Supervisor () _____ Phone Number May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Duties: _____ _____ _____ _____	_____ _____ _____ _____ _____
Company Name: _____ _____ Address: _____ () _____ Phone Number	From ____/____ To ____/____ # Hrs./week	Starting Ending Hrly/Sal	Name of Supervisor () _____ Phone Number May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Duties: _____ _____ _____ _____	_____ _____ _____ _____ _____

PERSONAL STATEMENT

Name:

Date:

(Attach additional sheets if necessary)

1. Why are you interested in volunteering at Northeast Valley Health Corporation?

2. What do you expect to gain from this experience?

3. What are your Special Strengths and Interests?

4. Please describe your short-term goals?

5. Please describe your long-term goals?

APPLICANT'S STATEMENT - PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by Northeast Valley Health Corporation, unless I have indicated to the contrary. Furthermore, I understand that falsification or omissions of any material information on this application, if I receive a volunteer opportunity, may be considered sufficient cause for immediate termination.

I agree that if selected to volunteer, I will hold as absolutely confidential all privileged, and or sensitive information which I may obtain directly or indirectly concerning Northeast Valley Health Corporation, its patients, clients, families, staff and volunteers. I will abide by all policies, procedures, rules and regulations established by Northeast Valley Health Corporation. If selected to volunteer, I agree to submit to a physical examination, which may include a drug screening test and periodic, unannounced drug screenings.

I understand that I am donating my personal time to Northeast Valley Health Corporation without contemplation of compensation, or future employment.

I hereby acknowledge that my volunteering is "at will," that I may resign at any time and that Northeast Valley Health Corporation may terminate my volunteer status at any time, with or without cause, and with or without notice and that any assurances of continued volunteering whether written, oral or by conduct, shall not be interpreted as changing the nature of the volunteering relationship unless specifically acknowledged in writing by the Chief Executive Officer (CEO of Northeast Valley Health Corporation).

I understand that this application is completed for the specific position(s) indicated, and that it will be necessary to reapply for other volunteer positions, when they become available. I also understand that this application is valid for 6 (six) months from today's date. If I still desire to be considered as a volunteer after this application expires, it will be my responsibility to complete a new application and file it with NEVHC. I agree that a photocopy of this application may be used just as the original.

Signature of Volunteer Applicant

Date Signed

FOR COMPANY USE ONLY

INTERVIEW: Yes No

Remarks:

Volunteer Opportunity: Yes No Suggested -Start Date: _____

Volunteer Title: _____

Site/Department: _____

By:

HR Approval: _____ Date: _____

*** Conditional upon receipt of the background report, drug screen (if applicable) and physical exam.**