



Northeast Valley Health Corporation
a californiahealth+ center

13803 Foothill Blvd Suite 200
Sylmar, California, 91342
volunteers@nevhc.org

Main Phone #:(818) 898-1388
Fax #:(818) 898-3425

STUDENT/VOLUNTEER 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 from the Human Resources Department. NEVHC is an Equal Opportunity Employer that finds strength in diversity.

CONTACT INFORMATION											
Name:											
Street Address:											
City, State & ZIP Code:											
Telephone:		Home #			Mobile #			Work #			
E-mail Address:											
Please select one: <input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <input type="checkbox"/> Driving Permit											
Expiration Date:											
Are you 18 yrs or older?		YES		NO		Are you volunteering to fulfill a class requirement/community service credit/internship/externship? Please select yes or no:			YES		NO
Please select yes or no:											
REFERRAL SOURCE		School/College/University:						Other:			
(circle one) Relative/Friend/Co-Worker:											
Do you have any friends or relatives who work or volunteer for NEVHC? Please select yes or no: YES NO											
If yes, what is the name of the friend or relative?:											
AVAILABILITY		Length of Time:				# of Hours per Week:					
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
(AM) Mornings											
(PM) Afternoons											
INTERESTS		Tell us which services and locations you are interested in: You can select more than one option.									
		<input type="checkbox"/> Administration (Corporate Offices) <input type="checkbox"/> Health Center Setting <input type="checkbox"/> Human Resources <input type="checkbox"/> Quality & Health Education <input type="checkbox"/> Volunteer Program <input type="checkbox"/> WIC Program <input type="checkbox"/> Other				<input type="checkbox"/> Canoga Park HC <input type="checkbox"/> Pacoima HC <input type="checkbox"/> San Fernando HC <input type="checkbox"/> Santa Clarita HC <input type="checkbox"/> School-Based HC's <input type="checkbox"/> Sun Valley HC <input type="checkbox"/> Transition to Wellness HC <input type="checkbox"/> Valencia HC <input type="checkbox"/> Van Nuys Peds HC <input type="checkbox"/> Van Nuys Adult HC					
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, as set forth in the job description for that position? Please select yes or no: YES NO											
If "Yes," please explain:											

SKILLS & QUALIFICATIONS		Formal Qualifications: (Diploma, Degree, Trade, Certificate & etc)									

		Other Training/Certification: (First Aid Certificate, etc.)									

		Computer Skills: (Microsoft Office: Word, Excel, Powerpoint, Macintosh System, etc.)									

Other Skills: <i>(Customer Service, Telephone Etiquette, billing, filling, etc.)</i>				

BILINGUAL STATUS	Language	Speak	Translate	Write
EDUCATION	Name	City and State		Degree / In-process?
High School / GED				
College				
Trade or Vocational				
University				
Professional License	License #	State		Expiration Date
List all jobs, military service, verifiable volunteer work and self-employment in the USA during the last three (3) years. Begin with the present or most recent job.				
YOU MUST COMPLETE THIS SECTION EVEN IF YOU ATTACH A RESUME. (If additional space is required, utilize the reverse side of this page.)				
EXPERIENCE HISTORY				
Business/Company	Position	Duties & Responsibilities		Length (Dates)
Location	Business/Company #	Hours per week	Reason for Leaving	
Business/Company	Position	Duties & Responsibilities		Length (Dates)
Location	Business/Company #	Hours per week	Reason for Leaving	
Business/Company	Position	Duties & Responsibilities		Length (Dates)
Location	Business/Company #	Hours per week	Reason for Leaving	
REFERENCES				
Name	Telephone	Occupation		Years Acquainted
PERSONAL STATEMENT				
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 and 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.

Sign Here

Signature/Student/Volunteer/Applicant _____

Date _____

HUMAN RESOURCES DEPARTMENT USE ONLY

Interview: YES NO
Testing Results: _____
Background Report Status: _____
LiveScan Results: _____
ProHealth Clearance Status: _____

Spanish Bilingual Required: YES NO

Volunteer Opportunity: YES NO
Volunteer Position: _____
Location Site: _____
Department: _____
Supervisor: _____

Suggested State Date _____
Projected End Date _____

HR Approval: _____

Date: _____

HR Clearance: _____

Date: _____

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