



**Northeast Valley Health Corporation**  
a californiah<sup>+</sup>center

13803 Foothill Blvd Suite 200  
Sylmar, California, 91342  
[volunteers@nevhc.org](mailto: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: <b>You can select more than one option.</b>											
<input type="checkbox"/>		Administration (Corporate Offices)				<input type="checkbox"/>		Canoga Park HC			
<input type="checkbox"/>		Health Center Setting				<input type="checkbox"/>		Pacoima HC			
<input type="checkbox"/>		Human Resources				<input type="checkbox"/>		San Fernando HC			
<input type="checkbox"/>		Quality & Health Education				<input type="checkbox"/>		Santa Clarita HC			
<input type="checkbox"/>		Public Relations				<input type="checkbox"/>		School-Based HC's			
<input type="checkbox"/>		WIC Program				<input type="checkbox"/>		Sun Valley HC			
<input type="checkbox"/>		Other				<input type="checkbox"/>		Transition to Wellness HC			
<input type="checkbox"/>						<input type="checkbox"/>		Valencia HC			
<input type="checkbox"/>						<input type="checkbox"/>		Van Nuys Peds HC			
<input type="checkbox"/>						<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: *(Customer Service, Telephone Etiquette, billing, filling, etc.)*

\_\_\_\_\_

\_\_\_\_\_

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?**

Empty text box for special strengths and interests.

**4. Please describe your short-term and long-term goals.**

Empty text box for 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.

Please be advised that volunteering with Northeast Valley Health Corporation does not guarantee you a position within our organization.

**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.