

**Sutter Tracy Community Hospital  
Volunteer Application Form**

I am an adult volunteer \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I am a student volunteer \_\_\_\_\_ at \_\_\_\_\_ Birthday Month \_\_\_\_\_ Day \_\_\_\_\_  
(Name of School)

I am a college student \_\_\_\_\_ at \_\_\_\_\_  
(Name of School )

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Name (First): \_\_\_\_\_ Last: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Male: \_\_\_\_\_ female: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**Educational Background:** High School Diploma: \_\_\_\_\_ College Degree: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_ Date you left: \_\_\_\_\_

Length of time there: \_\_\_\_\_ Type of work done: \_\_\_\_\_

Hobbies, Skills, Interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

**Preferences in Volunteering:**

Is there a particular type of volunteer work in which you are interested? \_\_\_\_\_

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**Availability**

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning (8 – 12)							
Afternoon (12 – 4)							
Evening (4 - 8)							

Do you have a current driver's license? \_\_\_\_ Yes \_\_\_\_ No

Has your driver's license ever been suspended or revoked in any state? \_\_\_\_ Yes \_\_\_\_ No?

Have you ever been convicted of a crime or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No?

Do you use illegal drugs? \_\_\_\_ Yes \_\_\_\_ No?

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work? \_\_\_\_ Yes \_\_\_\_ No?

How did you hear about us? \_\_\_\_\_

### **Volunteer Agreement**

I have voluntarily chosen to work with Sutter Tracy Community Hospital on the days and times most suitable for both of us. I understand that I am not eligible for any wages or employee benefits and that I must conduct myself in accordance with all published Hospital personnel policies. Further, I agree to comply with the Volunteer Health Statement concerning Rubella and Rubeola titres. I also understand that I need to comply with an annual PPD screening and an annual re-orientation requirement in order to remain an active volunteer.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If applicant is less than eighteen years of age):

### **Hospital Agreement**

Sutter Tracy Community Hospital agrees to provide structured volunteer service opportunities and to provide adequate training, orientation and on-going supervision of all volunteers. Sutter Tracy Community Hospital also is responsible to correct or remove those volunteers who violate the Hospital's policies. Volunteers are considered for service without regard to race, color, religion, gender, national origin, age, marital or veteran status. For the safety and consideration of the Hospital's patients and staff, volunteers must be in adequate physical health to enable competent completion of assigned tasks. Volunteers must be able to communicate clearly and easily with the public.