LOS ROBLES HOSPITAL VOLUNTEERS, INC.

Los Robles Hospital Volunteers, Inc.

215 W Janss Road, Thousand Oaks, CA 91360

805 370-4685

Adult Volunteer Application

PLEASE PRINT CLEARLY

_____ **M — F**

NAME **LAST** **FIRST** **Nickname (as you would like it on your badge)**

_____

STREET ADDRESS **CITY** **ZIP**

_____

PHONE No. (include area code) **CELL PHONE No. (include area code)**

_____ **HAVE YOU EVER BEEN CONVICTED OF A FELONY?** _____

E-MAIL ADDRESS **(IF YES, YOU MUST MEET WITH THE DIRECTOR OF COMMUNITY SERVICES)**

ARE YOU A MEMBER OF RSVP? _____ **WOULD YOU LIKE TO BECOME A MEMBER?**_____

_____

CURRENT EMPLOYMENT/SCHOOL

_____

ADDRESS

_____

POSITION

HAVE YOU EVER BEEN EMPLOYED/VOLUNTEERED AT LOS ROBLES HOSPITAL? _____

PLEASE LIST TWO REFERENCES OTHER THAN FAMILY:

_____ _____

NAME **ADDRESS**

_____ _____

NAME **ADDRESS**

List participation in other community organizations:

_____

_____

_____

Are you able to serve four hours per week on a regular basis for at least 10 to 12 months? _____

Please circle the days of the week you are available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any physical condition or disability which may limit your ability to perform any Voluntary duties? Please explain

_____

I understand that my volunteer status is pending satisfactory results of a TB skin test, background investigation, satisfactory proof of identity, as well as training, the needs of the hospital and provisional periods. Hereby I authorize Los Robles Hospital & Medical Center to make any investigation of my background deemed necessary.

I agree to conform to the rules, regulations and policies of Los Robles Hospital & Medical Center and Los Robles Hospital Volunteers, Inc.

I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions. I acknowledge that any false statements or misrepresentations on this application or other supplemental material, not abiding by rules, regulations and policies, will be cause for dismissal from the Los Robles Hospital Volunteers, Inc., program.

_____ _____

SIGNATURE OF APPLICANT **DATE**

REV 4/09