



Dear Volunteer Applicant,

Thank you for your interest in the volunteer opportunities within Antelope Valley Hospital. We are proud of the compassionate service our volunteers provide to our patients, visitors and staff. Volunteering is a responsibility and a privilege.

Carefully review the attached eligibility and requirements as it will be your source of important information regarding our volunteer program.

**Adult applicants must attach one letter of recommendation from a teacher, friend or coworker.
Teens must attach one letter of recommendation from a teacher, friend or coworker along with the attached Recommendation Form and a copy of your transcript.**

Please do not submit any medical forms or tests with application, they will be requested upon acceptance into the volunteer program.

Once your application and necessary paperwork have been reviewed, you will be contacted within four to six weeks to schedule an interview. If you miss your interview for any reason or fail to reschedule your appointment 24 hours in advance, your application will be removed from our list. Be advised, the interview will determine whether or not you will be accepted into the volunteer program.

Complete and return the required forms to the Volunteer Resources office located at 44241 15th Street West, Suite 103, Lancaster, Calif. If the office is closed, please slide your application under the door.

AV Hospital is very sensitive to the impact that the economy has had on our community. We are also aware that employment opportunities at this time are scarce. Please understand that the volunteer program is not a stepping stone for employment at AV Hospital. We cannot provide the outstanding service without our volunteers and that is why it's important that we have continuity in our volunteer force. This is a difficult message to share but please join our volunteer program on the willingness to volunteer and commit to the required hours. If you are searching for a paid position, please look at the "careers" section of our hospital website, avhospital.org.

If there are any questions, please feel free to email me at dennis.mortimer@avhospital.org.

Sincerely,

Dennis Mortimer

Dennis Mortimer, BSBM

Supervisor

Volunteer Resources

661-949-5102

dennis.mortimer@avhospital.org

March 14, 2019



OFFICE USE ONLY

Date Received:

Volunteer Application

Applicant Information			
(Check One) Female <input type="checkbox"/> Male <input type="checkbox"/>		<input type="checkbox"/> Teen (15 -18 in High School) <input type="checkbox"/> Adult (18+)	
Date:			
Last Name:		First Name:	
M.I.:			
Street Address:			Apt. / Sp.
City:		State:	Zip:
Home Phone:	Cell Phone:	Preferred way to be contacted: Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/>	
Email Address:		High School:	
		(Teen Only) Expected Graduation Year :	

Schedule Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Please complete the questions below.

Are you willing and able to commit to 100 hours of service to AVH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
Are you willing and able to commit to a regularly scheduled 4-hour shift (3 hours for teens) each week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, when?
Do you have any limitations that would affect your ability to perform as a volunteer with or without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Have you ever volunteered for AVH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been employed by AVH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, dates of employment - From: To:
			Reason no longer employed:
Are you currently participating in a work experience program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list here:
Do you need to fulfill hours for court-ordered community service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AVH Volunteer Resources does not validate court ordered programs, community service hours, or GAIN.
Have you ever been convicted of a misdemeanor or felony (including drug- or sex-related offense)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

Office Use Only

Interview Date: _____ Interview Time: _____ Placement Appointment: _____

Revised: 3/14/2019

Please share why you would like to volunteer at Antelope Valley Hospital.

Please share your work or life experience and how it will help you succeed as a hospital volunteer.

Special skills (please indicate any special skills or training you may have).

What languages do you speak fluently?	English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

Volunteer experience:

Name of organization:

Duties:

What did you like about it?

What did you dislike about it?

How did you hear about the volunteer program?

Emergency Information (please list parent or guardian for teen volunteer):		
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Doctor's Name:		Phone:

Please list names of friends and/or relatives employed or volunteering at Antelope Valley Hospital.	
Name:	Relationship:
Department:	
Name:	Relationship:
Department:	

Disclaimer and Signature Required	
<u>Adult Applicant:</u>	
I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my position being rescinded, even if discovered at a later date.	
Adult Signature:	Date:
<u>Teen Applicant:</u>	
I hereby give my consent for my son/daughter to participate in the Teen Volunteer Program at Antelope Valley Hospital. I understand that my child must regularly attend scheduled shifts to remain in the program. I will assume full responsibility for the required transportation to and from the hospital, and I agree to support the requirements of the volunteer program.	
BOTH SIGNATURES ARE REQUIRED	
Teen Signature:	Date:
Parent or Guardian Signature:	Date:

**Applications accepted in person or by fax only.
Please do not mail your application.**

Antelope Valley Hospital Volunteer Resources
Office: 661-949-5105
Fax: 661-726-6014

Volunteer Program Eligibility and Requirements

RETURN SIGNED WITH APPLICATION

The following items must be met in order to participate in our volunteer program. Please review them carefully, sign and date. Teen applicants must have a parent/guardian read, sign and date as well.

- 100-hour commitment over a period of 10-12 months is required for adult and teen volunteers.
- We cannot accept volunteers who are not able to volunteer for the minimum amount of required time
- **Adults** must attach one letter of recommendation.
- **Adults** will be required to complete and sign forms for a background check and submit social security number at the time of acceptance into the program.
- **Adults** must be able to maintain a regular schedule of at least 4 hours per week for 10 months or more.
- **Teens** must be able to volunteer 2-3 hours per week for 11 months or more.
- **Teens** must be at least 15 years old and enrolled in high school.
- **Teen** hours available are M-F 3:30 - 5:30 p.m. or in the gift shop from 3:45 - 7 p.m. Teens are not placed on a weekend schedule for the first six months.
- **Teens:** must attach a current semester report card or progress report to the application, the attached recommendation form and one letter of recommendation.
- **Teen:** volunteers may only serve between the hours of 8 a.m. to 7 p.m.
- Not all applicants will be considered for a volunteer position. Space is limited and, department of choice is not guaranteed. **Volunteers must agree to serve in areas of greatest need for the hospital. Once placement in a department is made, changes may not be requested until your 100 hours are completed. Attendance will be a factor in granting a department change.**
- Volunteers may not have more than two absences in a 30-day rolling period. Any volunteer that exceeds the above may be released from service.
- Applicants will be contacted to schedule an interview with the supervisor.
- A two-step TB test is required for adults and teens upon acceptance into the program.
- If applying from October 1 – April 1, applicants will be required to provide proof of the flu vaccine. AV Hospital Employee Health will provide a flu vaccine free of charge.
- Volunteer Resources does not place individuals in volunteer service to be trained for paid positions.
- Volunteer Resources does not provide a “shadowing” program or provide internships.
- All volunteers will be required to wear a volunteer uniform. The uniform consists of a volunteer smock, tan pants, and white or black lace up tennis shoes. Hats, caps, bandanas, sweat pants, blue jeans, skinny jeans, jeggings, sandals, flip flops, hoodies and facial piercings are not allowed. All items of clothing and shoes must be neat and clean.
- All volunteers are required to purchase their own uniform smock from Volunteer Resources for \$20.
- Volunteers must be able to communicate well in the English language with patients, visitors, staff and supervisors.
- Volunteers are required to complete an initial orientation.
- Volunteers will be issued a photo identification badge at the beginning of your volunteer service. Badges must be worn attached to the collar of your volunteer shirt and visible at all times while you are on volunteer duty.
- The ID badge is hospital property, and you are required to turn it in once you stop volunteering or before going on any type of leave of absence.

- A written letter verifying service hours will only be given upon completion of the 100-hour commitment.
- Volunteer services are donated to Antelope Valley Hospital without contemplation of compensation or future employment and are given for humanitarian or charitable reasons.
- Volunteers are not to approach staff or supervisors during their volunteer shift looking for employment.
- Volunteers must be reliable. If unable to be present, call your assigned supervisor and Volunteer Resources with as much notice as possible, preferably at least three hours before beginning your shift.
- A volunteer will be removed from the program for missing more than two shifts within a 30-day rolling period.
- Volunteers must have the ability to keep patient information, conversations and observations confidential.
- Volunteers must demonstrate willingness to help staff, patients, visitors, physicians, and other volunteers whenever possible.
- Volunteers are responsible to update the volunteer office with changes to contact information and are responsible for reading notifications sent via check-in system.
- Volunteers may be required to withstand long periods of walking and standing.
- Volunteers are not to accept tips or gifts from patients and visitors.
- Jewelry, artificial nails, nail polish, and perfume or cologne may not be permitted in some departments.
- Volunteers engaged in inappropriate behavior (i.e. horseplay, using foul language, gossiping, using cell phones during service times, and other discourteous behavior) may be immediately removed from the program.
- Address or email change: Inform volunteer services about any changes to address, phone number or email address.

Antelope Valley Hospital or the Volunteer Resources Department is not responsible for lost or stolen property that I have in my possession while volunteering.

Termination: I understand that the Volunteer Resources Department reserves the right to terminate my volunteer status as a result of failing to comply with hospital policies, procedures, rules, regulations, unsatisfactory attitude, performance or appearance, or any other circumstances, which, in the judgment of the department supervisor, would make my continued service as a volunteer contrary to the best interests of the hospital.

The above requirements must be agreed to and met in order to participate in the volunteer program at Antelope Valley Hospital. Applicants who do not comply with these requirements will not be invited to participate in the program.

I have read and understand the Eligibility and Requirements as stated above and agree to follow them in all aspects of my service to Antelope Valley Hospital.

Volunteer Applicant Name Printed

Volunteer Applicant Signature

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Date



Recommendation Form: High School Students Only

Please have this form completed by a teacher, employer, mentor or other responsible adult who can vouch for your character. This must be someone other than a relative. Return this recommendation form along with your letter of recommendation.

Name of Teen Applicant: _____ **Date:** _____

Rate the applicant using the following criteria: Excellent, Good, Fair, Poor

_____ Is reliable and has good attendance.

_____ Is friendly and has a positive attitude.

_____ Dresses appropriately (clothing is neat and clean, follows dress code).

_____ Accepts responsibility and follows instructions (completes projects, turns in work on time).

_____ Communicates well with adults and other peers.

_____ Shows initiative (uses time well, is self-motivated).

Further Comments: _____

Name: _____ **Title:** _____ **Phone:** _____

Thank you for taking the time to complete this recommendation form for our future AVH teen volunteer. The teens at Antelope Valley Hospital perform an important and responsible service to the hospital and community. Your cooperation will assist us in choosing young people capable of performing the required tasks. If you have any questions please feel free to contact me at the number listed below.

Dennis Mortimer, BSBM
Supervisor, Volunteer Resources
661-949-5102
Dennis.mortimer@avhospital.org