



Volunteer Application

Last Name: _____ First Name: _____ MI: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Date of Application: _____ Adult Volunteer Junior Volunteer (under age 18)

Why are you interested in volunteering at Mad River Community Hospital?

Previous employment/volunteer experience:

Interests/special skills:

Check the boxes of the job positions, days and times that you prefer:

Volunteer Duties

- Patient Care Units
- Information Desk
- Staffing the Gift Shop
- Emergency Department
- Surgery Desk Liaison
- Clerical/Charts
- Clerical/Home Health
- Other: _____

Availability

	S	M	T	W	T	F	S
Morning							
Afternoon							
Evening							

How did you hear about our volunteer program?

Do you know any MRCH Volunteers? Yes No If yes, please list: _____

Note: Please include one letter of reference with your application.

Thank you for your interest in volunteering with us! Please return your application by mail to Kay Sennott, Manager of Volunteer Services, Mad River Community Hospital, P.O. Box 1115, Arcata CA 95518, or deliver to the hospital at 3800 Janes Road, Arcata. If you have any questions, please call Kay at (707) 822-7220, ext. 4133 or send e-mail to volunteers@madriverhospital.com.



Confidential Immunization Survey

Name: _____ Social Security Number: _____

All hospital volunteers are required to have pre-placement drug and alcohol screening, a rubella titer, and an intradermal (skin) test for tuberculosis (TB), which are provided by the hospital at no charge. The initial TB screening requires a two-step skin test, and an additional TB test will be required annually. If you are under 18 years of age, we must have parental consent (see bottom of page).

Illness/Immunizations

Give dates of last booster, if applicable:

Measles/Mumps/Rubella _____

Polio _____

Tetanus _____

Chicken Pox _____

Hepatitis B _____

Do you have allergies? Yes No

For Applicants Under the Age of 18

If accepted as a Junior Volunteer, I agree to serve at the hospital one shift (3 hours) per week for one year. I will have the required lab work (provided by the hospital), be responsible for the purchase and care of my uniform, and observe the rules of the volunteer organization.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Name of Parent or Guardian: _____ Phone Number: _____

I authorize Mad River Community Hospital to perform the pre-placement intradermal TB test, a rubella titer, and drug and alcohol screening for my minor child _____ (name).

Parent's Signature: _____ Date: _____

Signature of Witness: _____ Date: _____