



Adventist Health Volunteer Services Application

Please select: Adult Volunteer ^ Junior Volunteer (Ages 11-18) * Application continues on reverse

Hospital of Interest: ^ Howard Memorial(HM) ^ Ukiah Valley(UV) ^ Mendocino Coast(MC)

Name: _____

Local Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Availability and Areas of Interest (see attached opportunity summary for more information):
Please check all that apply

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Surgery Waiting Room(HM, UV) | <input type="checkbox"/> Information Desk(HM, MC) | <input type="checkbox"/> Orthopedic Joint Center(HM) | <input type="checkbox"/> Nutritional Services(HM) |
| <input type="checkbox"/> Patient Companion / NOD(HM, UV) | <input type="checkbox"/> Gift Shop(HM, UV, MC) | <input type="checkbox"/> Chart Assembly (HM) | <input type="checkbox"/> Spiritual Care |

Additional Application Questions for Junior Volunteers

Please attach the following to your application:

- x One (1) Letter of Recommendation from school counselor/advisor/teacher
- x One handwritten paragraph on your reasons for wanting to volunteer at Adventist Health

Are you volunteering to fulfill a class requirement or community service credit? ^ Yes ^ No

If so please complete for following:

Number of hours required: _____ Required Date of Completion: _____

Name of Program: _____

Name of Program Supervisor: _____ Phone: _____

Signature of Program Supervisor: _____

Is your desire to volunteer with Adventist Health a career goal? If so, please explain: _____

Parent/Guardian Information, Authorization, and Acknowledgment

Parent/Guardian Name: _____

Parent/Guardian Phone Number(s): _____

I am aware that the Adventist Health Junior Volunteer Program requires that I (my dependent) perform at least one-3 hour volunteer service shift per week. I also understand that the Program requires a one commitment of my (my dependent's) time. I verify that I have (no dependent has) transportation to complete this Program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant (Dependent): _____ Date: _____

Volunteer Opportunities
Adventist Health

Howard Memorial (AHHM), Mendocino Coastat-2.3 (H)2.4 (H)13.C (i)-2.3 (M)-4.7 ()8UktMHtA] T

Patient Companion (AHHM, AHUV)

- x Act as a companion to patients including but not limited to playing game3 (o)-9.6 (m)-9.4 N0.00