

**What can I do as a volunteer?**

* Interact with patients, visitors, and staff
* Administrative and clerical work

**Why should I volunteer?**

* The efforts of our dedicated volunteers help maintain quality services and make each person’s stay more enjoyable
* Opportunity to put your talents and experience to work
* Become a part of a caring, compassionate, and friendly team
* Feel a sense of accomplishment and personal satisfaction
* Opportunity to shadow various healthcare professionals and departments

**How do you get started?**

* Complete an application and submit to the email below. Selected volunteers will be asked to complete the following:
	+ Complete a criminal background check. (administered by the Hospital)
	+ Complete health screenings and a TB test. (administered by the Hospital)
		- Includes drug test, proof of immunizations for Tetanus, Chicken Pox, MMR, Flu and COVID

**CONTACT: Food & Nutrition and Volunteer Services Director (909.394.2719)**

**or email:** **ruehlein@primehealthcare.com**

**VOLUNTEER MEMBERSHIP APPLICATION**

Thank you for your interest in becoming a volunteer at Prime Healthcare!

|  |
| --- |
| Full Name |
| Address City State Zip Code |
| Cell Phone | Email Address |
| Date of Availability |  |

**WORK STATUS: \_\_\_\_\_\_**Employed \_\_\_\_\_\_Retired \_\_\_\_\_\_Unemployed \_\_\_\_\_\_Student (M**ust be 18 years or older**)

**Current occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR PREFERENCES FOR VOLUNTEER DAYS AND DUTIES**

|  |  |
| --- | --- |
| **Days of the Week Availability (Check all that apply)**□ Monday □ Tuesday □ Wednesday□ Thursday □ Friday  | **Shift Availability (Check all that apply)**□ Morning 8 a.m. to Noon □ Noon to 4 p.m.□ Other: . |

**QUESTIONNAIRE:**

1. How did you learn of this volunteer opportunity?
2. Have you volunteered anywhere else? If yes, where and what were your volunteer duties? Are you still a volunteer there?

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1. Why are you interested in volunteering at a hospital?

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1. Are there any accommodations needed for you to perform volunteer duties safely and competently?

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1. How do you make connections with new people?

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1. Do you belong to any community organization? If yes, which ones?

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1. **SKILLS/WORK EXPERIENCE:**

\_\_\_\_Accounting \_\_\_\_Leadership \_\_\_\_Computer \_\_\_\_Nursing \_\_\_\_Teaching \_\_\_\_Public Speaking

1. Are there any skills, abilities, or hobbies that you’re proud of? Example: crafts, music, sports, computer skills, art, etc.

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1. Do you speak/write/read another language fluently? \_\_\_\_\_ Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you know someone employed at a Prime Healthcare facility? [ ] Yes [ ] No

If yes, how are they related to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what’s their name, hospital, and department? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **EMERGENCY INFORMATION**

Emergency Contact Name Relationship to you

Cell Phone Work Phone

 **VOLUNTEER RELEASE**

As a volunteer of Prime Healthcare, I agree to abide by all its rules and regulations. I also agree to perform my assigned duties in a courteous and dependable manner to the best of my ability.

I understand my obligation to protect patients, families, and members of Prime Healthcare’s staff from improper disclosure of confidential information regardless of its source (*i.e., the spoken word, the medical record/patient chart, computer records, financial reports, statistical data, minutes of meetings, personnel files, or other records*). Furthermore, I agree that I will not access any information which is not directly related to the performance of my duties.

Violation of any Prime Healthcare policy, especially the confidentiality policy, will be considered a breach of Prime Healthcare’s Code of Ethics and will result in termination of my service.

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

Volunteer Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_