

Dear Volunteer Candidate,

We are pleased to learn you are interested in the volunteer program. Attached is an Adult Volunteer Application form. Before completing the application, please read the list of expectations and requirements:

- Must be at least 18 years old and out of high school (high school students please use High School Volunteer Application)
- Must be dependable, reliable and mature
- Must be available to serve a minimum of one 3-4 hour shift per week on a consistent basis
- Must be willing to complete 100 hours and 6 months of volunteer service on a consistent basis to receive documentation verifying hours

IMPORTANT NOTE: Internships, externships or physician shadowing is not processed through Scripps Volunteer Services. In addition, all volunteer tasks are non-clinical in nature.

All applications will be reviewed; however, we will only contact qualified applicants based on the needs of the organization. Please keep in mind the program is not an automatic sign-up process. Due to the amount of applications received, we regret not all applicants will be granted an opportunity for an interview or a position.

If a candidate is selected to participate in our program, they must be able to complete the following steps:

- Attend a mandatory Volunteer Orientation session (by invitation only)
- Complete the mandatory Health Screening
 - Scripps covers the cost and provides:
 - ❖ TB screening via IGRA (blood test)
 - ❖ Flu vaccination (seasonal) – can be declined
 - Applicant is responsible for any costs related to:
 - ❖ Proof of 2 MMR (Measles, Mumps and Rubella) vaccinations or proof of immunity
 - ❖ Proof of 2 Varicella (Chickenpox) vaccinations or proof of immunity
 - ❖ Proof of 1 T-dap (Tetanus, Diphtheria, and Pertussis) vaccination
- Purchase a Scripps uniform top (\$20.00)

If you feel you are able to meet the requirements listed above, please submit your completed application to the appropriate campus of interest

Scripps Mercy Chula Vista: CVVolunteerservices@scrippshealth.org

Scripps Mercy San Diego (Hillcrest area): Mercyvolunteerservices@scrippshealth.org

Incomplete applications will not be considered. An application is not complete if it does not include two business references such as current or former employer, teacher, counselor, religious leader, etc. We do not accept personal references. Letters of recommendation dated within one year of the application date will be accepted as a reference.

If you have additional questions, please call or email the campus of interest.

Scripps Mercy Chula Vista
435 H Street, CV-1
Chula Vista, CA 91910
Phone: 619-691-7537
CVVolunteerservices@scrippshealth.org

Scripps Mercy San Diego
4077 Fifth Avenue, MER-65
San Diego, CA 92103
Phone: 619-260-7082 x 2
Mercyvolunteerservices@scrippshealth.org

Sincerely,



Rosa A. Soto
Manager of Volunteer Services



**SCRIPPS MERCY HOSPITAL SAN DIEGO
SCRIPPS MERCY HOSPITAL CHULA VISTA
(Select One)**

ADULT VOLUNTEER APPLICATION

Date: _____ E-Mail: _____

Legal Name

Last: _____ First: _____ Middle: _____
(Optional)

Preferred Name (if different from above): _____

Social Security Number (Last 4 Digits): _____

Address

Number and Street: _____ Unit: _____
City: _____ State: _____ Zip: _____

Phone

Home: _____ Cell: _____ Business: _____

Work

Employer Name: _____ Job Title: _____

Address: _____

School

Major: _____ Career Goal: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Referred by: _____ **Other:** _____

Why are you interested in volunteering at Scripps?

Where have you volunteered previously?

List relevant professional, business experience/education or training that would be helpful in placing you.

Special Skills (List relevant)

Computer:

Retail Skills:

Languages: _____ MS Office _____ Cashier _____ Stockroom _____

Musical Instruments: _____ Typing _____ Merchandising _____

Arts/Crafts: _____ Internet _____ Customer Service _____

Other: _____ Other: _____

Are you able to perform all volunteer duties without reasonable accommodation? (Answering No will not disqualify you) Yes No

Are you here to complete court-ordered Community Service hours? Yes No

REFERENCES *References must be provided and verifiable to be considered as a candidate.

Business: (Employer, teacher, counselor, etc. – no personal references)

Name: Relationship:

E-Mail: Phone:

Business: (Employer, teacher, counselor, etc. – no personal references)

Name: Relationship:

E-Mail: Phone:

Availability (Check all that apply)

Morning: 8AM-12PM, Afternoon: 12-4PM, Evening: 4-8PM, Night: 8PM-12AM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Night	Night	Night	Night	Night	Night	Night

General interest:

Departments Interests (Departments vary by site):

- Clerical Waiting Rooms Gift Shop Rehab. Services Emergency Services
 - Book Cart Dietary Laboratory Radiology Information Desk Nursing Unit
- Other:

VOLUNTEER COMMITMENT:

If placed as a volunteer, I commit to the following (please initial):

To complete at least 100 hours and six (6) months of continued service to receive documentation verifying hours. The first four (4) weeks will be considered an introductory period. This gives the organization the opportunity to determine the ability of the volunteer to perform designated services, and provides the volunteer the opportunity to decide if he or she is satisfied with their service with the volunteer program.

To maintain patient privacy and confidentiality of information in every way at all times.

Failure to comply results in termination of volunteer’s service.

To treat my volunteer assignment in a professional manner by:

- 1) **Regular, consistent attendance, and by**
- 2) **Providing adequate notice of absence.**

Applicant’s Statement:

I certify that the statements made by me on this application are true and correct and authorize Scripps to contact any references deemed appropriate to consider my application. I release them and Scripps from any and all liability for issuing, receiving, or using any such information. All facts stated in and related to the application are open for investigation. I understand that any false or misleading information or any material omission may result in the denial or termination of volunteer service. I agree that my volunteer service is provided without any contemplation of compensation or benefits.

Electronic Signature:

Date:

TO BE COMPLETED DURING INTERVIEW

I am aware of my responsibilities as a volunteer, and agree to abide by the policies of the volunteer program as states in the Volunteer Handbook, to abide by the policies and procedures of Scripps, and to abide with all regulatory laws and agencies. I agree to have an annual Tuberculin Screening and to participate in the annual safety-training program.

Signature:

Date: