



## Mercy Hospital Senior Volunteer Application

**Date:**

Name:

(Spouse Name):

Mailing Address:

Address

City

Zip Code

Telephone #:

Date of Birth:

Email Address:

### EMERGENCY CONTACT INFORMATION:

Name of Contact:

Relationship:

Phone #:

Alternate #:

---

### Current Employment (If applicable)

Company:

Position:

Address:

Phone #:

May we call if necessary    Yes    No

Hours:

### Prior Volunteer Experience:

Volunteer:

Business:

Participation in other community organization:

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### How did you become interested in our program?

Times Available:  
(Check all that apply)

Mon

Tuesday

Wednesday

Thurs

Fri

Sat

Sun

Mornings

Afternoon

Evenings

**Skills & Interest** *(Please check all that apply)*

**Mercy Hospital –Truxtun**

**Mercy Southwest Hospital**

Gift Shop Sales  
Surgery Host/Hostess  
Admitting/Infor Desk

Nutrition Cart  
Central Supply  
Emergency

Gift Shop Sales  
Surgery Host/Hostess  
Admitting/Info Desk

Puppets  
Mammography

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**Please list (3) references not related to you:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Due to the nature of Volunteer Assignments, references will be checked.**

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**Have you ever been convicted of a Felony?      Yes      No**

**Date of Conviction (if applicable)?**

**All applicants must be 18yrs of age or older.  
Background checks and Medical Requirements will be performed during the orientation.**

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**I understand that CHW Mercy Hospitals of Bakersfield reserves the right to not accept all applicants or to terminate a volunteer if performance standard is not in compliance with The Joint Commission and State of California Standards for volunteer service. A performance evaluation will be completed on all volunteers assigned to CHW Mercy Hospitals of Bakersfield. It is further understood that before I begin a volunteer assignment, I must first complete the Hospital Required Medical Tests & Orientation Training.**

*I have read and understand the above conditions of volunteer service.*

**E-Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you have any questions, please call Volunteer Services at 661.632.5613.**

*Please submit this application via e-mail by clicking the “send” button at the top of the page.*