

# EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

2500 GRANT ROAD  
815 POLLARD ROAD

MOUNTAIN VIEW, CALIFORNIA 94040  
LOS GATOS, CALIFORNIA 95032

(650) 940-7214  
(408) 866-3950  
FAX (650) 966-9213

Dear Applicant:

We are very pleased that you are considering becoming a volunteer in the El Camino Hospital Auxiliary. You will be joining a group of dedicated volunteers whose interests for more than 60 years have been the well-being of the patients, their families and friends, El Camino Hospital campuses and the community.

Please complete the attached application form and return it to the Mountain View office. You may FAX the application to (650) 966-9213 or email it to [Recruit\\_Aux@elcaminohospital.org](mailto:Recruit_Aux@elcaminohospital.org). After we review your application, you will receive a call from a Placement Counselor to arrange for an interview.

We ask for a commitment of at least 6 months with an average weekly service of 3 or more hours.

Most of our volunteers wear uniforms at all times when serving. Our uniform enables a patient or visitor to identify, at a glance, a volunteer who can provide help. The distinctive uniform tops may be purchased, at cost, in the Auxiliary Office after you have completed all preliminary requirements and are ready to begin service. The interviewer will provide specific information on costs and where and when the uniforms may be purchased.

All volunteers are required to have a background check for criminal activity and attend a mandatory training session before beginning their service. The cost of the background check will be borne by the hospital. At the time of the interview, you will be asked about your immunizations and will be given instructions about how to proceed with the required health clearances.

Please call the Mountain View Auxiliary Office at 650-940-7214 if you have any questions about the application process or what is expected of an Auxiliary volunteer. Please retain this letter for future reference.

Thank you for your interest in volunteering. We look forward to meeting you.

Sincerely,

El Camino Hospital Auxiliary



# EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

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MOUNTAIN VIEW, CALIFORNIA 94039-7025

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## APPLICATION FOR ADULT VOLUNTEER PLACEMENT

Preferred Work Site: Mountain View \_\_\_\_\_ Los Gatos \_\_\_\_\_ Either \_\_\_\_\_

### APPLICANT

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Month/Day of Birth (MM/DD): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### EMPLOYMENT

Present or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION, TRAINING AND SKILLS

High School Graduate? Yes \_\_\_ No \_\_\_

Attended College? Yes \_\_\_ No \_\_\_ Graduated? Yes \_\_\_ No \_\_\_ Highest Degree Obtained: \_\_\_\_\_

Presently enrolled as a student? Yes \_\_\_ No \_\_\_ If yes, school: \_\_\_\_\_

List any pertinent medically related experiences, computer experience and any other education/training

experience: \_\_\_\_\_

\_\_\_\_\_

### IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### REFERENCES (LIST TWO PERSONS OTHER THAN RELATIVES)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DRIVERS LICENSE NUMBER: (Roadrunners only): \_\_\_\_\_

LANGUAGE SKILLS (in addition to English): Speak: \_\_\_\_\_ Read/Write: \_\_\_\_\_

(Interviewer's Use Only: Language Pool Status \_\_\_\_\_)

ASSIGNMENT TYPE DESIRED Working directly with patients? Yes \_\_\_ No \_\_\_ As needed \_\_\_

Please explain briefly your reasons for volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please indicate specific position(s) or areas of interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify any accommodations necessary to the performance of the job: \_\_\_\_\_

\_\_\_\_\_

How did you hear about volunteering at El Camino Hospital? \_\_\_\_\_

## VOLUNTEER BACKGROUND CHECK

Have you ever been convicted (arrests without conviction need not be reported) of a

Misdemeanor (other than minor traffic violations)? Yes \_\_\_ No \_\_\_ Felony? Yes \_\_\_ No \_\_\_

If yes to either question, please give date, place of conviction and explain circumstances: \_\_\_\_\_

\_\_\_\_\_

**Disclosure Statement** (please read and check acknowledgement box)

Listed below are the names and addresses of any hospital, other than ECH, or health care facility in Santa Clara County for which I or any member of my immediate family serve as a volunteer or a paid director, officer, partner employee, consultant, agent or advisor and the capacity in which I or the member of my immediate family services.

**Conflict of Interest** (please read and check acknowledgement box)

I hereby certify that neither I, nor any member of my family, has disclosed or used, or is disclosing or using information relating to ECH's business for the personal profit or advantage of myself or my immediate family (except such information as has been publicly disclosed or is publicly available) except listed below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTEER AGREEMENT

At El Camino Hospital (ECH), we greatly appreciate our staff of dedicated volunteers and are dedicated to do the very best we can to make your volunteer experience here a productive and rewarding one. Because you are donating your time, you understand that you are not an employee of ECH and that you will not be paid for your work. In signing this application you agree to the following:

1. That confidential information — including but not limited to patient information, protected health information, personal information and ECH proprietary information — shall not be discussed, copied, transmitted outside of appropriate venue, or removed from the premises of the hospital under any circumstances, and that you will not seek information in regard to a particular patient.
2. To adhere to all hospital rules and procedures, including the ECH policy on non-discrimination and harassment, and to conduct yourself with dignity, have consideration for others, and strive to maintain the highest quality of work.
3. That all assignments to volunteer positions can be terminated at any time, by either party, with or without cause. No volunteer assignment is guaranteed for any specific period of time.
4. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made, and to accept supervision gracefully.

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5. To be loyal to the ethics, requirements and projects of El Camino Hospital and the Auxiliary.
6. That ECH may check references, and/or do a background check which may include a fingerprint check, and may use such information as may be obtained in making a decision regarding your placement.

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*Your Signature*

*Date*

*Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. This organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Your signature also attests to the truthfulness of the information provide herein.*