

Auxiliary Adult Volunteer Application



Thank you for considering being part of our volunteer team at Community Memorial Hospital – Ventura.

Our Auxiliary plays a key role in helping provide our patients with a healing environment, and our volunteers tell us it is richly rewarding for them, too! There are many different roles, so whether you are a "people person" or you prefer to make a difference behind the scenes, we can find a volunteer opportunity that fits your talents and personality.

In order to ensure that the volunteer experience is mutually successful, we have a few membership requirements. Applicants must:

- Be at least 18 years old
- Serve at least 4 – 6 hours a month
- Be available to complete 12 consecutive months of service
- Have excellent customer service and communication skills
- Be able to work independently without supervision

Additional Responsibilities/Expectations:

- Payment of \$10 each year of volunteering to cover annual dues
- Provide parts of the uniform not supplied by the hospital (pants, shoes, and other items)

Please review the attached information and submit your completed application in one of the following ways:

- In-person drop off at the reception desk in the Ocean Tower of Community Memorial Hospital
- Sent by mail to Community Memorial Auxiliary, Adult Interview Chair
147 North Brent Street, Ventura, CA 93003
- Online at mycmh.org/volunteer

Once we receive your application packet you can expect the following:

- An interview with the Auxiliary interview committee
- A background check
- Health screening (drug screening, TB test, flu shot, immunization record review)
- Participation in an Auxiliary Orientation (4th Monday of each month starting at 9:00 am)
- Once cleared for service you will receive a call to review available opportunities and schedule any needed trainings.

Thank you again for your interest!

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First Name _____ Middle Initial _____ Last _____
PLEASE PRINT

Address _____ City/State _____ Zip _____

Phone _____ Cell _____

Email _____

Birthday: Month/Day _____ (year not required)

Are you employed? ☐ Full-Time ☐ Part-Time ☐ No/Retired

Current/Last Employer _____

Occupation _____

Why would you like to volunteer at Community Memorial Hospital?

What are your skills/talents that are relevant to volunteering at Community Memorial Hospital?

Have you previously volunteered at or been employed by Community Memorial Hospital?

☐ Yes ☐ No

Are you able to volunteer a regular schedule of at least 4 – 6 hours per month? ☐ Yes ☐ No

Are you able to serve for at least 12 consecutive months? ☐ Yes ☐ No

Please circle your availability:

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

What service areas are you most interested in?

1. _____

2. _____

3. _____

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Do you have any limitations that may limit your ability to perform volunteer duties or that require reasonable accommodations, for example lifting, walking, standing, sitting, vision, hearing?

☐ Yes ☐ No

Please explain:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

☐ Yes ☐ No

Date available to begin training _____

Costs involved that you must pay: uniform: \$10 dues per year.

Please bring a \$10 check (made out to CMH Auxiliary) or \$10 in cash to the orientation.

SIGNATURE

DATE

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Name _____

If I join the Community Memorial Hospital Auxiliary, I will volunteer with no thought of monetary compensation. I will agree to the following:

1. Pay annual dues of \$10.00 and understand that my services are donated without thought of any compensation.
2. Attend Orientation and serve a probationary training period of three (3) consecutive months and 16 hours in one service.
3. Obtain a qualified substitute to cover my duty period in my absence.
4. Adhere to the dress code.
5. The use of any alcoholic beverage or illegal substance before or while on duty is cause for immediate dismissal. The hospital is a non-smoking facility.
6. I agree to have a test for tuberculosis (given free of charge) and an annual TB screening.
7. If I wear artificial nails, my service is limited to areas where there is no patient contact.
8. I will consider as confidential all information which I may hear, directly or indirectly, concerning a patient, and will not seek any information regarding a patient.

I understand that if I do not comply with the above, I will be immediately dropped from membership in the Auxiliary.

SIGNATURE

DATE