



Volunteer Services Application

TO THE APPLICANT: KAISER PERMANENTE IS AN EQUAL OPPORTUNITY EMPLOYER. KAISER PERMANENTE MAKES EMPLOYMENT/VOLUNTEER DECISIONS BASED ON QUALIFICATIONS ONLY WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, VETERAN STATUS, OR OTHER NON-JOB RELATED FACTORS PROHIBITED BY APPLICABLE FEDERAL STATE OR LOCAL LAWS. KAISER PERMANENTE PROVIDES APPLICANTS WHO HAVE DISABILITIES WITH REASONABLE ACCOMMODATION TO ASSIST IN THE INTERVIEW/ HIRING PROCESS. APPLICANTS REQUIRING ACCOMMODATION SHOULD CONTACT THE HUMAN RESOURCES OFFICE. KAISER PERMANENTE IS A SMOKE-FREE WORKPLACE. THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY BEFORE AN OFFER OF VOLUNTEER SERVICE CAN BE AUTHORIZED

PERSONAL

Mr./Mrs. Soc. Sec No.:
Miss/Ms. Last Name: First Name: Birth Date:
Address: City State Zip
Home Telephone: Alternate Telephone Cell/Pager
Email Address:
In Case of Emergency, Notify:
Name: Relationship: Telephone:

WORK/VOLUNTEER EXPERIENCE

(Please include hospital, medical or related experience, if applicable)

Previous Volunteer Experience: Yes No Where? When?
Current Employer: Telephone:
Business Address: City: State: Zip
Level of Education Completed: Field of Study
Hobbies/Skills/Special Interest:
Languages: Spoken: Written:
Why did you decide to volunteer at Kaiser Permanente Medical Center? (Please provide attachment if necessary)

Are you a Kaiser Health Plan Member? Yes No Medical Record No.:

TIME AVAILABILITY

Table with 8 columns (Shift, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday) and 3 rows (AM/9-1pm, PM/1-4 pm, Eve/4-7 pm)

REFERENCES

Please provide two reference letters of – Employer, Previous Employer, Volunteer Experience Contact, Teacher Counselor

Are there any work activities or conditions you must avoid?

Have you ever been convicted of a crime? No Yes If yes, explain, when, where and disposition of case

I certify that all answers in this Volunteer application are true and correct, and have been given voluntarily; I understand that I am volunteering my services without contemplation of compensation or employment and given with humanitarian, religious or charitable reasons; I understand that the position of Student Volunteer requires that I be available to volunteer a minimum of one three or four-hour shift per week or 156 volunteer hours annually, as determined by the Volunteer Leadership.

Adult Volunteer Applicant's Signature Date
Student Volunteer Signature Date Parent Signature Date