



Hazel Hawkins  
MEMORIAL HOSPITAL

# APPLICATION FOR ER HEALTHCARE VOLUNTEER

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Are you currently employed or in school? \_\_\_\_\_ If so, where? \_\_\_\_\_

May we phone you at work? \_\_\_\_\_ Work Phone: \_\_\_\_\_

## IN AN EMERGENCY, PLEASE NOTIFY

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## EXPERIENCE

Work/Professional/Volunteer: \_\_\_\_\_

Why do you want to volunteer and what do you hope to get out of the experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LANGUAGE PROFICIENCY

Do you speak/read another language besides English?  Yes  No

If so, please list: \_\_\_\_\_

\_\_\_\_\_

## HEALTH

Are there any work activities or conditions which you must avoid? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Each volunteer is required to meet the health requirements established for volunteer service. Continued participation is contingent upon the Volunteer's physical and mental ability to successfully perform the service assignment as required in the service description. **Prior to volunteering, a health screening which includes a brief physical, lab work, two (2) TB skin tests and possible vaccinations will be required. While there is no cost to you, the cost to the San Benito Health Care District is approximately \$350 per person. For this reason, it is imperative that you are willing and able to fulfill a long term (80 hours in one year) volunteer commitment here at SBHCD.**

We ask for a 80 hours in one year. Are you able to make this kind of commitment?  Yes  No

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If you answered yes, what were you convicted of and when?

(A conviction is not an automatic bar to volunteering. Each case will be considered on its own merits.)

Are you applying to be a volunteer to fulfill court mandated community service hours?  Yes  No

Please mail the completed form to:

**Hazel Hawkins Memorial Hospital**

Attn: Jennifer Cook, ED Director

911 Sunset Drive

Hollister, CA 95023

For questions or more information, contact Jennifer Cook, RN, MSN, ED Director at **(831) 636-2678** or email [jcook@hazelhawkins.com](mailto:jcook@hazelhawkins.com). Thank you for your interest in volunteering!



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911 Sunset Drive, Hollister • (831) 637-5711

[hazelhawkins.com](http://hazelhawkins.com)

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