



KAISER PERMANENTE®

Richmond Medical Center

901 Nevin Ave.

Richmond, CA 94801

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 ACCOMODATION TO ASSIST IN THE INTERVIEW/ HIRING PROCESS. APPLICANTS REQUIRING ACCOMODATION 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: _____
 Are you a Kaiser Health Plan Member? Yes No **Medical Record No.:** _____
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) _____

TIME AVAILABILITY

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM 8:30-12:30							
PM 12:30-4:30							
Eve 4:00-7:00							

REFERENCES

Please provide two letters of reference from – Employer, Previous Employer, Volunteer Experience Contact, Teacher, Counselor, Minister, Neighbor, Friend, or Clergyman

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 _____