



Volunteer Membership Application

Thank you for your interest in becoming a volunteer at Shasta Regional Medical Center. Please be sure to complete this document in its entirety before you submit.

Name (Last, First, Middle)		Social Security No. (Optional)	
Address		City	State
		Zip Code	
Home Phone No.	Message Phone No.	Date of Availability	Emergency Contact
E-Mail Address (Optional)		Other Names Used in Order to Check Past Employment and Education Records	

How did you learn of this volunteer opportunity? _____

Do you currently volunteer?

Yes No If yes, please list where _____

Do you belong to any Community Organization?

Yes No If yes, please list where _____

Do you have a spouse or relative employed by Shasta Regional Medical Center?

Yes No If yes, which Department? _____

YOUR PREFERENCES FOR VOLUNTEER DAYS AND DUTIES – PLEASE BE ADVISED THAT WE REQUIRE A ONE-YEAR COMMITMENT, FOUR HOURS A WEEK.

<p>Days of the Week Available?</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Shift Availability (Check all that Apply)</p> <p><input type="checkbox"/> Morning 8 a.m. to Noon <input type="checkbox"/> Noon to 4 p.m.</p> <p><input type="checkbox"/> Evening 4 to 8 p.m.</p>
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VOLUNTEER HISTORY, BEGINNING WITH THE MOST RECENT

Organization	Telephone No.	Position	Date of Service

EDUCATIONAL HISTORY (IF ATTENDED WITH THE LAST 5 YEARS)

School Name	Subject/Major	City/State	(Start With) Highest Grade Completed or Degree Received

CRIMINAL PUBLIC RECORD CHECK

Have you ever been convicted¹ of any crime² either under your current name or any other name? * Yes No
 If the above answer is yes, please indicate the following information for each conviction (*use reverse for additional cases*).

Date	Conviction	Court Name	City	County

****Existence of convictions will not necessarily disqualify and applicant from membership. However, failure to fully disclose may be considered falsification and will result in offer of membership rescinded; and is grounds for immediate termination upon discovery at any time during membership.***

Do you have a criminal case now pending?

Yes No

If the volunteer position you work in has access to drugs and medications, have you ever been arrested for an offense involving controlled substances?

Yes No (Cal Labor Code 432.7f, Cal Health and Safety Code 11590)

If the volunteer position you work in has regular access to patients, have you every been arrested for a sex offense (Cal Labor code 432.7f, Penal Code 290)

I understand that a background check; reference verification; and post-offer, pre-membership medical exam which includes a drug screening, is a part of the membership decision making process, and if I am invited for an interview, I am prepared to sign a "Disclosure and Authorization Release Form" at some point in the pre-membership process.

Yes No

APPLICANT STATEMENT

I hereby certify that the information contained in this application form is true and correct. I authorize Shasta Regional Medical Center to contact any of my schools, former employers and/or other references for the purpose of collecting information or obtaining an account of my work experience. I agree to hold nay or all of them blameless and free of any liability for releasing such information. I understand that if I am brought on as a member of the Auxiliary, any deletion, misrepresentation o the facts as stated or implied is sufficient cause for dismissal. I understand that this application does not bind either me or the organization for any specific period regarding membership.

¹ **"Convicted"** means plea, verdict or finding of no contest or guilt, regardless of whether sentence was imposed by the court.

² **"Any Crime"** means misdemeanors or felonies including motor vehicle/driving violations excluding minor traffic infractions, conviction for marijuana more than two years ago, and convictions for which the records has been sealed, expunged, eradicated, or judicially dismissed.

I understand that I will be required, as a condition of membership; to successfully complete a criminal background investigation and a post-offer medical examination, for designated Affiliate, before membership. The criminal background investigation may include, but is not limited to, a social security search, and criminal records search, additional disclosures will be provided prior to processing the background investigation. The medical examination will include a test for among other things the presence of non-prescription or non-prescribed drugs o prohibited controlled substances. I also understand that all offers of membership are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to live and work in the United States. I agree to observe all rules, regulations and policies of the Shasta Regional Medical Center Auxiliary Organization and recognize that membership with the Shasta Regional Medial Center auxiliary Organizations is At Will and either my membership director or myself may end the relationship at any time and for any reason.

Signature: _____ Date: _____

Shasta Regional Medial Center is an Equal Opportunity Employer observing all Federal and State Laws Governing Fair Employment and Volunteer Practices.

Please complete the following pages and return your membership application either in person at the Information Desk in the lobby, by fax 244-5119 or by mail to **1100 Butte Street, Redding, CA 96001, attn: Auxiliary membership**

For questions or to inquire on the status of your application, call our Volunteer Front Desk at 244-5102.