SONOMA VALLEY HOSPITAL -

Volunteer Application

Tolulice: /tppii	DATE:
Contact Information	PLEASE PRINT
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
During which hours are you a	available for volunteer assignments?
Weekday mornings	
Weekday afternoons	
Interests	
	o interacted in valuntageing
Tell us in which areas you are	e interested in volunteering
Accounting	
Cardio Rehab	
Customer Service	
Escort	
Gift Shop	
Skilled Nursing	
Surgery Waiting	
Other	
Special Skills or Qualification	ns
	qualifications you have acquired from employment, previous volunteer ties, including hobbies or sports.



REV: 01/14/2020

Previous Volunteer Experier	nce
Summarize your previous wo	ork/volunteer experience.
Person to Notify in Case of E	Emergency PLEASE PRINT
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signature	
	n, I affirm that the facts set forth in it are true and complete. I understand
	llunteer, any false statements, omissions, or other misrepresentations ion may result in my immediate dismissal.
made by the off this applicati	on may result in my inimediate dismission
Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



General Volunteer Questionnaire

DATE:		
PLEASE PRINT		
Name		
Why do you want to volunteer at Sonoma Valley Hospital?		
What skills, education or experience do you have that you feel would qualify you		
for this position?		
What volunteer position interests you the most? The least?		
What volumeer position interests you the most.		
Please rate your office skillstyping, filing, fax machine, computer, knowledge of phone etiquette.		
phone enquetter		
What days a feel are very strong other and a seed on a fee and a seed on the assessing the according to a 2		
What do you feel are your strengths and weaknesses in the workplace?		
If offered a volunteer position, when could you start?		

