

VOLUNTEER SERVICE APPLICATION

347 Andrieux Street
Sonoma, CA 95476
707-935-5177



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Last Name:

First Name:

Date:

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Address:

City:

State:

Zip:

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Home Phone:

Cell Phone:

Email:

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would the times be regular, or would they need to change frequently? ☐ Regular ☐ Change

In case of an emergency, please indicate a contact person:

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Contact Name:

Relationship:

Contact Number:

If you were referred by an employee, please complete the following information:

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Name of Employee:

Relationship:

Department:

Previous volunteer experience:

Organization:		
Contact:		
Volunteer Duties:		

Have you ever volunteered and/or been employed by Sonoma Valley Hospital? Yes ☐ No ☐

If yes, when: _____ Reason for Leaving: _____

Have you ever worked under or known by a different name? Yes ☐ No ☐

If Yes, please provide details: _____

Indicate the reason you are seeking a volunteer position (check all that apply)

☐ Interest in the medical field ☐ Interest in Sonoma Valley Hospital as a future career option

☐ Extra Time ☐ Requirement for class

☐ Service hours required to graduate; how many: _____ by when: _____

☐ Other: _____

Skills and Interest

Summarize specific skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

List all languages that you speak and/or write: _____

References: Please list two references other than relatives.

Name:	Title/Company:	Phone Number:

Agreement and Signature

By submitting this application, I affirm that the above information is accurate and correct to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____ Date: _____

Signature: _____