



Shasta Regional Medical Center

Junior Volunteer Membership Application

Thank you for your interest in becoming a junior volunteer at Shasta Regional Medical Center. Being a volunteer is one of the most rewarding experience one can gain and a true genuine act of kindness. We salute you and applaud your efforts in compassion to help others.

Name (Last, First, Middle)				
Address		City	State	Zip Code
Home Phone No.	Cell 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 relative employed by Shasta Regional Medical Center?

Yes No If yes, which Department? _____

Your preferences for volunteering

Shift(s) Availability (Check all that apply)		Day(s) of the week you are available		
<input type="checkbox"/> Morning (8 a.m. to noon)	<input type="checkbox"/> Afternoon (Noon to 4 p.m.)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Evening (4 to 8 p.m.)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Please share if you have volunteer or work history, beginning with the most recent

Organization	Telephone No.	Position	Date of Service

EDUCATIONAL HISTORY

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

CRIMINAL PUBLIC RECORD CHECK

Have you ever been convicted of any crime 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 However, failure to fully disclose may be considered falsification and will result in offer of membership rescinded, and is grounds for immediate termination upon discovery at any time during membership.***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 process, and if I am invited for an interview, I am prepared to sign a "Disclosure and Authorization Release Form" or, if under 18, will have a legal guardian or parent sign 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 of 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.

I understand that I will be required, as a condition of membership; to successfully complete a criminal background, investigation, a post-offer medical examination and a PPD screening for Tuberculosis 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 or prohibited controlled substances. 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 I may end the relationship at any time and for any reason.

Signature: _____ Date: _____

FOR THE PARENT/LEGAL GUARDIAN OF THE APPLICANT (If under 18 years of age)

I, _____, am the parent/legal guardian of _____.
I clearly understand the above and give my permission for participation in the Shasta Regional Medical Center Junior Volunteer program.

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:

Shasta Regional Medical Center
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.



CONSENT FOR MINOR TO PARTICIPATE IN JUNIOR VOLUNTEER PROGRAM

I, _____ am the parent/legal guardian of
_____.

I authorize a background check, annual tuberculosis (TB) screening, flu shot, drug screening and immunity screening on the above said minor.

I also authorize the above minor to receive the following immunizations if testing shows them to be non-immune (please circle Yes or No and initial):

Measles, Mumps, and Rubella (MMR)	Yes	No	_____
			Initial
Hepatitis B (series of 3 boosters over 6 months)	Yes	No	_____
			Initial

I acknowledge that the consent for annual TB screening through skin testing or blood draw remains in effect until the above said minor turns 18, or until their services as a Junior Volunteer are terminated.

Initial

In addition, I understand that Shasta Regional Medical Center reserves the right to terminate the minor's services as a Junior Volunteer at any time in the interest of the hospital. Reasons for termination are but not limited to failure to comply with hospital rules and regulations, violation of patient confidentiality, three unexcused absences, personal conduct, attitude or appearance unbecoming a member of the Junior Volunteer Program.

I certify that the minor is at least 15 years of age and is at least in the ninth grade.

I clearly understand the above and give my permission for participation in the Shasta Regional Medical Center Junior Volunteer Program.

* PARENT/GUARDIAN SIGN HERE

Date: _____