



Adventist Health Howard Memorial
1 Marcela Drive | Willits, CA 95490

Adventist Health Mendocino Coast
700 River Drive | Fort Bragg, CA 95437

Adventist Health Ukiah Valley
275 Hospital Drive | Ukiah, CA 95482

Greetings!

Thank you for your interest in volunteering with Adventist Health. Our volunteers play a critical role in daily activities, and we are grateful for the amazing work they do.

Please see the attached Volunteer Application information. Our volunteer onboarding process mirrors that of employees, and I am happy to speak to you about this process. You are welcome to mail or email this paperwork to me or drop it off at the hospital. If you have any questions, please contact me by phone or email. My information is below.

Sincerely,

A handwritten signature in cursive script that reads "Laura Azevedo".

Laura Azevedo, Patient Experience Administrative
Assistant Adventist Health Mendocino County
Office Hours: Tuesday-Thursday 9:30 am - 3:30 pm
Phone: 707-456-3019
Email: Laura.Azevedo@ah.org

Adventist Health Volunteer Services Application

Please select: Adult Volunteer Junior Volunteer (Ages 16-18) *Application continues on reverse

Hospital of Interest: Howard Memorial (HM) Ukiah Valley (UV) Mendocino Coast (MC)

Name: _____

Local Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Availability and Areas of Interest (see attached opportunity summary for more information):

Please check all that apply:

I am available: Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends More Than Once a Week As Needed

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Surgery Waiting Room (HM, UV) | <input type="checkbox"/> Information Desk(HM, MC) | <input type="checkbox"/> Orthopedic Joint Center (HM) | <input type="checkbox"/> Nutritional Services (HM) |
| <input type="checkbox"/> Patient Companion / NODA (HM, UV) | <input type="checkbox"/> Gift Shop (HM, UV, MC) | <input type="checkbox"/> Chart Assembly (HM) | <input type="checkbox"/> Spiritual Care (HM, UV, MC) |
| <input type="checkbox"/> Hospitality / Activity Cart (HM, UV) | <input type="checkbox"/> Thrift Store (MC) | <input type="checkbox"/> Virtual Visits (UV) | <input type="checkbox"/> Street Medicine (UV) |
| <input type="checkbox"/> Music (HM, UV) | <input type="checkbox"/> Pet Therapy (HM, UV) | <input type="checkbox"/> Other: _____ | |

Application Questions:

- Do you agree to a preliminary three (3) month training period prior to full membership? Yes No
- Do you agree to volunteer for a regularly scheduled shift? Yes No
- If applicable, do you agree to wear the required uniform during volunteer services? Yes No
- Do you agree to sign a Confidentiality Agreement? Yes No
- Do you agree to have an annual TB test and all required vaccinations? Yes No
- Do you authorize Adventist Health to conduct a background check? Yes No

Please note that any charges or convictions discovered during the background check do not automatically bar you from becoming an Adventist Health Volunteer.

Why do you want to volunteer at Adventist Health? _____

Are you related to a current or former employee or volunteer at our hospital or any other Adventist Health Hospital?

Yes No ____ If Yes, Name: _____ Department: _____

How did you hear about our organization? _____

Provide two references (name, phone number/email/address, and relationship):

Signature of Applicant: _____ Date: _____

Additional Application Questions for Junior Volunteers

Please attach the following to your application:

- One (1) Letter of Recommendation from school counselor/advisor/teacher
- One handwritten paragraph on your reasons for wanting to volunteer at Adventist Health

Are you volunteering to fulfill a class requirement or community service credit? Yes No

If so, please complete for following:

Number of hours required: _____ Required Date of Completion: _____

Name of Program: _____

Name of Program Supervisor: _____ Phone: _____

Signature of Program Supervisor: _____

Is your desire to volunteer with Adventist Health a career goal? If so, please explain: _____

Parent/Guardian Information, Authorization, and Acknowledgment

Parent/Guardian Name: _____

Parent/Guardian Phone Number(s): _____

I am aware that the Adventist Health Junior Volunteer Program requires that I (my dependent) perform at least one 3-hour volunteer service shift per week. I also understand that the Program requires a one-year commitment of my (my dependent's) time. I verify that I have (my dependent has) transportation to complete this Program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant (Dependent): _____ Date: _____

Volunteer Opportunities
Adventist Health
Howard Memorial (AHHM), Mendocino Coast (AHMC), Ukiah Valley (AHUV)

Information Desk (AHHM, AHMC)

- Greet patients, visitor, family
- Assist receptionist with logging all registration visits
- Round with activity cart (AHHM)
- Assist patients and guests to find their way when needed

Activity Cart Rounding (AHMC, AHUV)

- Stock cart with activity items
- Circulate throughout the hospital serving our patients and guests
- Round with activity cart (inpatient areas – M/S, ICU, OB)
- Assist patients and guests to find their way when needed

Volunteer Chaplain (AHHM, AHMC, AHUV)

- Managed by Spiritual Care department

Gift Shop (AHHM, AHMC, AHUV)

- Cashier with opening or closing duties
- Stocking inventory
- Cleaning and organizing

Virtual Visits (AHUV)

- Facilitate virtual visits utilizing Skype or FaceTime
- Assist in answering questions and giving directions for iPad utilization

OJC Department Aid (AHHM)

- Prep Inpatient Physical Therapy room for the weekly patients
- Visit OJC patients to distribute discharge kits
- Restock linens and prep discharge kits

OJC Reunion Luncheon Host (AHHM)

- Set up the Seabiscuit Conference room
- Serve and clear
- Buss and clean tables

Hospitality Cart (AHHM)

- Load coffee cart with beverages and snacks
- Circulate throughout the hospital serving our employees and guests (restrictions apply)
- Areas include – Main hospital (both floors), Lamprich Center (MOB), WEA Building
- Unload cart extras and clean the cart

Surgery Waiting Room (AHHM) (AHUV)

- Greet patients
- Assist in answering questions and giving directions

Patient Companion (AHHM, AHUV)

- Act as a companion to patients including but not limited to playing games, watching television, reading and visiting.
- Acts as a liaison between nursing staff and the patient including notifying nursing staff of patient requests and/or needs.
- Retrieves linens as required or requested.

NODA (No One Dies Alone)

- To provide reassuring presence to a dying patient who would otherwise be alone.

Charts Assembly (AHHM)

- Monitor supply of all forms, requesting printing as needed
- Monitor office supplies and order as needed
- Compile document copies into chart packets
- Compile document packets for off-site surgeons
- Clean and refill chart binders

OP Rehab Assistant (AHHM)

- Unload incoming linen bin and relocate bin to dirty linens room
- Refill linens in all therapy rooms and central supply locations
- Refill linen closet
- Clean exercise equipment and Speech Therapy items
- Assist front office with filing as needed

Commonwealth Garden (AHHM)

- Assist with planting, weeding, grounds maintenance
- Harvesting

Pet Therapy (AHHM, AHMC, AHUV)

- Handler – certified pet therapy handler/pet
- Escort Pet Therapy Handler and Dog during patient visits
- Provide hand sanitation (before and after petting)
- Log comments and observations from the visit

Music (AHHM, AHUV)

- Provide music for patients and staff (in public area, non-patient room)

Street Medicine (AHUV)

- Managed by COMPASS Team

Associate Well-Being (AHUV)

- Managed by Associate Well Being department