

ADVENTIST HEALTH UKIAH VALLEY  
ADULT VOLUNTEER APPLICATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check Appropriate Box(es)    Retired    Unemployed    Employed    Student

If student, list school and graduation date: \_\_\_\_\_

If employed, list name of employer: \_\_\_\_\_

How did you become aware of the Adventist Health Ukiah Valley Volunteer Program?

\_\_\_\_\_

Let us know about your previous volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you like best/least about your previous volunteer experiences?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills that you would like to use while volunteering?

---

---

---

---

Which day(s) of the week and time of day are you available to volunteer?

---

---

---

Are you a current or former employee or volunteer of our hospital, or any other Adventist Health hospital?  No  Yes

If yes, which hospital? \_\_\_\_\_ When? \_\_\_\_\_

Which department? \_\_\_\_\_  Employee  Volunteer

Are you related to a current or former employee or volunteer of our hospital, or any other Adventist Health hospital?  No  Yes

Name: \_\_\_\_\_ Department \_\_\_\_\_

Do you have any medical/physical limitations that might affect your volunteer duties?  Yes  No

If yes, please explain: \_\_\_\_\_

---

---

---

REFERENCES – Please provide an email address or phone number for each reference.

Someone you have volunteered for:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates of Volunteering: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Someone who has employed you:

Name: \_\_\_\_\_

Business: \_\_\_\_\_ Years Worked: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

A personal reference, not related to you:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_