### EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

2500 GRANT ROAD 815 POLLARD ROAD

MOUNTAIN VIEW, CALIFORNIA 94040 LOS GATOS, CALIFORNIA 95032

(650) 940-7214 (408) 866-3950 FAX (650) 966-9213

#### Dear Applicant:

We are very pleased that you are considering becoming a volunteer in the El Camino Hospital Auxiliary. You will be joining a group of dedicated volunteers whose interests for more than 60 years have been the well-being of the patients, their families and friends, El Camino Hospital campuses and the community.

Please complete the attached application form and return it to the Mountain View office. You may FAX the application to (650) 966-9213 or email it to Recruit\_Aux@elcaminohospital.org. After we review your application, you will receive a call from a Placement Counselor to arrange for an interview.

We ask for a commitment of at least 6 months with an average weekly service of 3 or more hours. When you join the Auxiliary there are initial dues of \$20.00 (prorated based on your joining date) which are to be paid before service begins. Afterwards, annual dues of \$20 are to be paid by the first of July.

Most of our volunteers wear uniforms at all times when serving. Our uniform enables a patient or visitor to identify, at a glance, a volunteer who can provide help. The distinctive uniform tops may be purchased, at cost, in the Auxiliary Office after you have completed all preliminary requirements and are ready to begin service. The interviewer will provide specific information on costs and where and when the uniforms may be purchased.

All volunteers are required to have a background check for criminal activity and attend a mandatory training session before beginning their service. The cost of the background check will be borne by the hospital. At the time of the interview, you will be asked about your immunizations and will be given instructions about how to proceed with the required health clearances.

Please call the Mountain View Auxiliary Office at 650-940-7214 if you have any questions about the application process or what is expected of an Auxiliary volunteer. Please retain this letter for future reference.

Thank you for your interest in volunteering. We look forward to meeting you.

Sincerely,

El Camino Hospital Auxiliary



# EL CAMINO HOSPITAL AUXILIARY, INCORPORATED 2500 GRANT ROAD MOUNTAIN VIEW, CALIFORNIA 94039-7025 (650) 940

(650) 940-7214 FAX (650) 966 9213 (408) 866-3950

815 POLLARD ROAD LOS GATOS, CALIFORNIA 95032

#### APPLICATION FOR SENIOR VOLUNTEER PLACEMENT

Preferred Work Site: Mountain V	'iew Los G		
APPLICANT			
Name:			
Address:			Zip:
Month/Day of Birth (MM/DD):			
Work Phone:			
E-mail Address:			
<u>EMPLOYMENT</u>			
Present or most recent employer:		Ph	one:
Address:	City:		Zip:
Description of duties:			
EDUCATION, TRAINING AND SKILLS			
High School Graduate? Yes No			
	Yes No High	est Degree (	Obtained:
Attended College? Yes No Graduated? Yes No No	If yes, school:		
Attended College? Yes No Graduated? Yes No Presently enrolled as a student? Yes No List any pertinent medically related experiences, coexperience:	If yes, school:	any other edu	acation/training
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#### EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

Please indicate specific position(s) or areas of interest:
Please specify any accommodations necessary to the performance of the job:
How did you hear about volunteering at El Camino Hospital?
VOLUNTEER BACKGROUND CHECK
Have you ever been convicted (arrests without conviction need not be reported) of a
Misdemeanor (other than minor traffic violations)? Yes No Felony? Yes No
If yes to either question, please give date, place of conviction and explain circumstances:
☐ <u>Disclosure Statement</u> (please read and check acknowledgement box)
Listed below are the names and addresses of any hospital, other than ECH, or health care facility in Santa Clara
County for which I or any member of my immediate family serve as a volunteer or a paid director, officer, partner
employee, consultant, agent or advisor and the capacity in which I or the member of my immediate family services
☐ Conflict of Interest (please read and check acknowledgement box)
I hereby certify that neither I, nor any member of my family, has disclosed or used, or is disclosing or using
information relating to ECH's business for the personal profit or advantage of myself or my immediate family
(except such information as has been publicly disclosed or is publicly available) except listed below.

#### **VOLUNTEER AGREEMENT**

At El Camino Hospital (ECH), we greatly appreciate our staff of dedicated volunteers and are dedicated to do the very best we can to make your volunteer experience here a productive and rewarding one. Because you are donating your time, you understand that you are not an employee of ECH and that you will not be paid for your work. In signing this application you agree to the following:

- 1. That confidential information including but not limited to patient information, protected health information, personal information and ECH proprietary information shall not be discussed, copied, transmitted outside of appropriate venue, or removed from the premises of the hospital under any circumstances, and that you will not seek information in regard to a particular patient.
- To adhere to all hospital rules and procedures, including the ECH policy on non-discrimination and harassment, and to conduct yourself with dignity, have consideration for others, and strive to maintain the highest quality of work.
- 3. That all assignments to volunteer positions can be terminated at any time, by either party, with or without cause. No volunteer assignment is guaranteed for any specific period of time.
- 4. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made, and to accept supervision gracefully.

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- 5. To be loyal to the ethics, requirements and projects of El Camino Hospital and the Auxiliary.
- 6. That ECH may check references, and/or do a background check which may include a fingerprint check, and may use such information as may be obtained in making a decision regarding your placement.

Your Signature Date

Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. This organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Your signature also attests to the truthfulness of the information provide herein.

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