



Dear Volunteer Applicant:

We are pleased that you are considering becoming a volunteer with the Kern Valley Hospital Auxiliary. You will be joining a group of dedicated volunteers whose interest for more than 50 years have been serving the residents, patients, hospital and community.

We ask for a commitment of at least one year with an average weekly service of 4 or more hours. When you join the Auxiliary there are initial dues of \$10.00 which are paid before service/training begins. Afterwards, annual dues of \$10.00 are to be paid by June 30th.

Our volunteers are required to always wear uniforms when serving. Our uniform enables a patient, resident, or visitor to identify, at a glance, a volunteer who can provide help. The distinctive uniform tops may be purchased, at cost, through our Thrift Store after you have completed all preliminary requirements and are ready to begin service. The interviewer will provide specific information on costs when we offer you a position.

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 be aware all volunteers will be assigned a specific work location/position at the hospital or the Thrift Store. If there is a specific location or position, you are interested in, and it is not available we will keep your application on file for six months.

ALL volunteers who work the Thrift Store are required to work a minimum of 4 hours per month at the Kern Valley Hospital campus. The exception will be the Thrift Store Day Leaders.

Again, thank you for your interest in becoming a volunteer with the Kern Valley Hospital Auxiliary. If you have any questions about the application process or what is expected of an Auxiliary volunteer. Please call Deborah Hess at (760) 379-5257 extension 4.

We look forward to meeting you.

Sincerely,

Kern Valley Hospital Auxiliary



Hospital Auxiliary Application

PLEASE PRINT:

Name: _____

Mailing & Street Address:

_____ City _____ Zip _____

Spouses Name: _____ Your Birthdate _____

Home Phone: _____ Cell Phone: _____

Your Occupation: _____

Emergency Contact:

Phone and Address _____

Education, Training, Skills and Volunteer Experience:

High School Graduate Yes ___ No ___ College Yes ___ No ___

Currently enrolled as a student Yes ___ No ___

Special Training: _____

Special Skills: _____

Volunteer Experience:

Have you applied at the Auxiliary before: Yes ____ No ____

Have you ever been convicted (arrests without conviction need not be reported) of a Misdemeanor (other than minor traffic violations)? Yes ____ No ____

If yes to either question, please give date, place of conviction, and explain circumstances:

Please list positions you are interested in: _____

Volunteer Rights:

Volunteers are not covered by benefits or workplace agreements. Volunteers, however, do have rights, which are found under California Fair employment and Housing Act. These include the right to be free from harassment, discrimination, and retaliation in the workplace (including sex, religion, disability, or race).

Auxiliary Positions:

Kern Valley Hospital

Lobby Receptionist

Gift Shop/Cashier

Assist in purchasing marking chargeable items

Socializing with patients

Surgery

Skilled Nursing Facility

Paint Nails

Beautician

Socializing with patients

Assist Activities Department

Thrift Store

Cashier/Bagger

Yard Manager

Donation Receiver

Donation Sorter

Pricing/Tagging

Retail Associate

Day Leader

Liaison



Volunteer Agreement

Printed Name:

Date:

Service with Kern Valley Hospital's Auxiliary shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative, who will normally be the Volunteer Liaison or Public Relations Manager. No volunteer shall begin performance of any position until they have been officially accepted for that position and have completed all necessary screening and paperwork. At the time of final acceptance, each volunteer shall complete all necessary enrollment paperwork and shall receive a copy of their job description and agreement of service with Kern Valley Hospital's Auxiliary.

Please initial the following:

___ I have received the Auxiliary Policy and Procedures and agree to abide by them.

___ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Kern Valley Healthcare District.

___ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

___ I authorize Kern Valley Hospital/Auxiliary Thrift Store to contact the emergency contact list on my application and seek emergency medical care in case of an accident, injury, or illness.

___ I understand there is a **zero-tolerance** policy on alcohol use, drug use, acts of violence and the possession of a concealed weapon on hospital property. Any volunteers found in violation will be asked to leave immediately and may no longer volunteer. Smoking is not allowed on hospital property.

___ I understand any disruptive behavior, profanity, malicious gossip, or antagonistic demeanor may lead to being asked to leave and could result in being asked to no longer volunteer.

___ I hereby allow the Kern Valley Healthcare District to use my photographs/video for public relation purposes.

____ I understand my placement shall initially be on a trial period of 60 days. At the end of this period a second interview will be conducted, at which point either the volunteer or the Auxiliary may request a re-assignment of the volunteer to a different position or may determine the unsuitability of the volunteer for a position within the Auxiliary.

____ I agree to notify the Auxiliary Liaison at least one hour prior to my work schedule if I am unable to work that day due to illness, inclement weather, or family emergency.

____ I agree to all Kern Valley Healthcare District's rules and procedure and to conduct myself with dignity, have consideration for others, and strive to maintain the highest quality of work.

____ I understand that all volunteer positions can be terminated at any time, by either party, with or without cause. No volunteer assignment is guaranteed for any specific period. If I decide to terminate my service, I will provide one week notice in writing to the Auxiliary Liaison.

Applicants Signature:

Date:
