KAISER PERMANENTE®

Application for Volunteer Services

Kaiser Permanente Medical Center
Volunteer Services Department
27400 Hesperian Boulevard
Hayward, California 94545-4299
(510) 784-4357

Kaiser Permanente Medical Center
Volunteer Services Department
39400 Paseo Padre Parkway
Fremont, California 94538
(510) 248-3545

PERSONAL DATA

Mr / Mrs
Miss / Ms _____ Date of Birth _____
Last Name First Name Month/Day

Address _____ Home Telephone _____

_____ Alternate Telephone _____
City State Zip Code

e-mail address: _____ Social Security Number _____

Name of Employer _____ Telephone _____

Business Address _____

In Case of Emergency, Notify _____ Telephone _____ Home

_____ Work

WORK EXPERIENCE: Please include hospital, medical or related experience, if applicable.

Volunteer: _____

Other: _____

Education / Special Training / Language Proficiency (other than English): _____

_____

Hobbies / Skills / Extra Curricular Activities: _____

Have you ever been convicted of a crime?_____ If yes, explain when, where, and disposition of case _____

_____

Categories **(check all that apply)** ❑ Year Round Volunteer or ❑ Summer Volunteer Only (Students Only)

❑ Adult Volunteer (18+) ❑ College Student: College Name: _____ ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

❑ High School Student: Name of High School: _____ ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

You must be at least 15 years old to volunteer. **Are you at least 15 years old?** ❑ **Yes** ❑ **No, but I will turn 15 on:** _____

TIME AVAILABLE:

Shift:	Mornings ❑	Afternoons ❑	Evenings ❑				
Days:	M ❑	T ❑	W ❑	Th ❑	F ❑	Sat. ❑	Sun. ❑

REFERENCES

Personal Reference: Please provide the names of at least two persons (not relatives) who may be contacted by us.

_____
Name Address Telephone

_____
Name Address Telephone

Applicant's Signature: _____ Date: _____

Parent/Guardian (if under 18 years old): _____ Date: _____

This application is submitted with the understanding that a required health screening must be completed prior to acceptance into the volunteer program. I certify that the answers I have given in this document are true and correct and I have not knowingly withheld any facts or circumstances. I understand that I will not be paid for my services, as this is strictly volunteer work.

REV. 2/03