



ALAMEDA COUNTY MEDICAL CENTER  
Volunteer Services

*Volunteer Dept.- Highland Campus*  
1411 E. 31st. Street  
Oakland, CA 94602

*Volunteer Dept.- Fairmont Campus*  
15400 Foothill Blvd.  
San Leandro, CA

*Campus* \_\_\_\_\_

Ms. \_\_\_\_\_

Miss \_\_\_\_\_

Mrs. \_\_\_\_\_

Mr. \_\_\_\_\_

*last name*

*first name*

*Current Address* \_\_\_\_\_

*Home Address (if different)* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Business Phone* \_\_\_\_\_

*Present Occupation* \_\_\_\_\_

*Birthdate* \_\_\_\_\_ *Social Security#* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*If applicant is under the age of 18 years, the parent or guardian's signature will be necessary.  
The parent or guardian must sign below.*

*Signature* \_\_\_\_\_

*Relationship* \_\_\_\_\_

*Date* \_\_\_\_\_

***Additional Information***

*Commitment: Short Term (6 months)* \_\_\_\_\_ *Long Term* \_\_\_\_\_

*Areas of Volunteer Interest* \_\_\_\_\_

*Days and Hours Available to Volunteer* \_\_\_\_\_

1. Have you ever worked in any hospital as a volunteer \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

Responsibilities \_\_\_\_\_

2. List any clubs and organizations in which you have held positions \_\_\_\_\_

3. Education \_\_\_\_\_

4. Have you had training or experience in the following?

A. Office skills

Accounting/Cashiering

Typing/Filing/Receptionist

B. Selling

Merchandising

Newspapers

Writing

C. Other \_\_\_\_\_

D. Do you speak/read/write a foreign language(s) \_\_\_\_\_

5. Have you ever been employed by the Alameda County Medical Center \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

6. What special skills do you bring to volunteering \_\_\_\_\_

7. Why do you want to be a volunteer \_\_\_\_\_

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*Confidential Medical History*

*Have you now or ever experienced any of the following medical conditions?*

*Please respond with a "yes" or "no" answer.*

*Heart Condition*  *Yes*  *No*

*High Blood Pressure*  *Yes*  *No*

*Stroke*  *Yes*  *No*

*Fainting Spells or Seizures*  *Yes*  *No*

*Diabetes*  *Yes*  *No*

*Any sensitivity to drugs or previous drug reaction (i.e.) Penicillin, Adrenaline, etc.)*  *Yes*  *No*

*Back or Neck Condition (Specify)*  *Yes*  *No*

*Other significant medical history* \_\_\_\_\_

*In case of any emergency, call* \_\_\_\_\_  
*Name of relative or friend (relationship)*

\_\_\_\_\_  
*Address* *Phone #*

*Name of your personal physician* \_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Address of physician* *Phone #*

*Are you a member of any health plan affiliation (i.e. Kaiser, Blue Cross/HMO, etc.)* \_\_\_\_\_

\_\_\_\_\_  
*Name of health plan* *Address* *Phone #*

*I do not know of any medical reason why I should not serve as a Volunteer for the Alameda County Medical Center.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**If acceptable as an Alameda County Medical Center volunteer, I agree that:**

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctor or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the Medical Center without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off the Medical Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
4. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on Medical Center premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
6. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
7. I shall make my best effort to fulfill my commitment to the Medical Center by completing all assignments that I accept.
8. I shall at all times uphold the philosophy and standards to the Medical Center.
9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director would make my continued service as a volunteer contrary to the best interests of the Medical Center.

I have read each of the above conditions and I agree to be bound by them.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Volunteer Parent's Signature Date  
of volunteer Under Age 18

**WITNESS CLAUSE**

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form and that I have witnessed the applicant's signature.

Volunteer Services Dept./Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Please Do Not Write Below This Line*

Date of Interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

On-site Supervisor \_\_\_\_\_

Services assigned \_\_\_\_\_

Comments \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY:**

**Orientation Completed on** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_