



Volunteer Application Packet

Welcome!

We want to make your experience here at El Centro Regional Medical Center (ECRMC) a valuable one. As a volunteer, we are sure you will soon experience the satisfying rewards that only service to others can bring. The information provided below will help you through the acceptance process. Should you have any additional questions regarding the application process, please contact the Volunteer office via email to clarissa.teran@ecrmc.org

Volunteer Eligibility

Junior Volunteer:

- The potential volunteer must meet the minimum age requirement of 15 years.
- Parental Consent required for Junior volunteers 15-17 years old.
- Junior volunteers must maintain a 3.0 GPA or higher.
- Junior volunteers are required to volunteer three (3) hours per week, for a minimum of six months.
- Required to attend all meetings.

Junior Volunteer schedule is Monday – Friday 4-7pm and Saturday & Sunday 8am-12pm, 12pm-4pm, 4-8pm. For weekends, volunteers must work 3 hours in the shifts above.

Adult Volunteer:

- 18 and over and not in High School.
- There is no maximum age limit for an adult volunteer.
- Volunteer at least four (4) hours per week, for a minimum of six (6) months.

Adult Volunteer schedule is Monday-Friday 8am-12 and 12-4 or 5pm. Must be available during the week, during the day, as the evenings and weekends are reserved for the Junior Volunteers.

References:

Junior Volunteers: Please provide (2) **letters of recommendation** from non-family members and most current report card/grades with GPA attached to the application. (Your application will not be considered if it is incomplete).

Adult Volunteers: Please provide (2) **names and numbers for references** which will be contacted.

How to Apply

Along with your application, attach all required information and drop off at the Welcome Desk located in the Main Lobby at ECRMC or at the Volunteer Services inside ECRMC. You may also send it via email to clarissa.teran@ecrmc.org.

Once your application is received in our Volunteer Office:

1. You will be contacted for an interview via E-mail within three (3) weeks.
2. If accepted, you will be given information to take a mandatory pre-orientation quiz.
3. After completion of the orientation you will be requested to complete the health screening requirements of the hospital which includes a TB blood screening for all, free of charge. As indicated on the application, if you test positive you will be responsible to obtain/pay for x-rays.
4. A background check for those over 18 years of age, free of charge.
5. Attend general training/education session.
6. Placed/scheduled into a department/area and be provided with service training from the department.

We do not accept volunteers for summer only or any commitment for less than 6 months. Hours will be verified/signed off for school requirements only after 48 hours have been performed (3 months of service). The hospital will not accept volunteers for mandated court-ordered community service.



Volunteer Application

El Centro Regional Medical Center
1415 Ross Avenue, El Centro, CA 92243
clarissa.teran@ecrmc.org

Contact Information

| | |
|-------------------------|---|
| First & Last Name | |
| Email | |
| Phone Number | <input type="checkbox"/> cell <input type="checkbox"/> home |
| Address, City, Zip Code | |

Parent or Guardian Information (if applicant is under age 18)

| | |
|---------------------------|--|
| First & Last Name | |
| Email & Phone Number | |
| Relationship to applicant | |

Work and/or School Status

| | |
|-----------------------------------|---|
| Work Status | <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired |
| School Name, Grade & GPA | |
| Employer, Job Title, Phone | |
| If retired, previous type of work | |

Personal References (for Adult Volunteers only)

| | | | |
|---------------------------|--|---------------------------|--|
| First & Last Name | | Name & Last Name | |
| Email & Phone Number | | Email & Phone Number | |
| Relationship to applicant | | Relationship to applicant | |

Letters of Recommendation Required (for Jr. Volunteers only)

| | | | |
|---------------------------|--|---------------------------|--|
| Recommender Name | | Recommender Name | |
| Title | | Title | |
| Relationship to applicant | | Relationship to applicant | |

Instructions: Please attach 2 letters of recommendation to the back of the application.

Special Skills or Qualifications

| | | |
|------------------|-------------|--|
| Languages Spoken | Language 1: | <input type="checkbox"/> Basic <input type="checkbox"/> Fluent <input type="checkbox"/> Read & Write |
| | Language 2: | <input type="checkbox"/> Basic <input type="checkbox"/> Fluent <input type="checkbox"/> Read & Write |

Summarize any special skills or qualifications:

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Volunteer Application

Previous Volunteer Experience

| | | |
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| Have you previously volunteered at ECRMC? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when: | Area: |
| Describe any previous volunteer experiences: | | |

Volunteer Interests and Availability

Availability to Volunteer: Please consider your commitments and availability during the next 6 months. Keep in mind that Evening and Weekend schedules are reserved for Junior Volunteers.

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|---|---|
| <input type="checkbox"/> Weekday mornings (8 AM - 12 PM) <input type="checkbox"/> Weekday afternoons (12 PM - 4 PM) <input type="checkbox"/> Weekday evenings (4 PM - 8 PM) | <input type="checkbox"/> Weekend mornings (8 AM - 12 PM) <input type="checkbox"/> Weekend afternoons (12 PM - 4 PM) <input type="checkbox"/> Weekend evenings (4 PM - 8 PM) |
|---|---|

| | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|

Tell us in which areas you are interested in volunteering:

| | | |
|--|--|--|
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Computer Technology |
| <input type="checkbox"/> Music for Healing | <input type="checkbox"/> Non-Patient Areas | <input type="checkbox"/> Certified Pet Therapy Handler |
| <input type="checkbox"/> Patient Areas | <input type="checkbox"/> Public Contact/Outreach | <input type="checkbox"/> Welcome Desk/Lobby Greeter |

Is there a specific area where you would like to volunteer, if so where?

Please note: requesting a department does not guarantee placement in that area.

Please tell us why you wish to volunteer at ECRMC:

Emergency Contact

| | | | |
|---------------------------|-------------------------------|-------------------------------|-------------------------------|
| First & Last Name | | | |
| Contact Number | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Relationship to applicant | | | |

FOR VOLUNTEER SERVICES OFFICE USE ONLY (please leave this section blank)

| | |
|--|---|
| <input type="checkbox"/> Received Date _____ <input type="checkbox"/> Interview Date _____ <input type="checkbox"/> TB Clearance Date _____ <input type="checkbox"/> Flu Vaccine Date _____ | <input type="checkbox"/> Background Check Date _____ <input type="checkbox"/> Volunteer Badge VO Number _____ <input type="checkbox"/> Uniform Top assigned Type _____ <input type="checkbox"/> Orientation Date _____ |
|--|---|



Volunteer Application

Volunteer Commitment and Confidentiality Agreement

If accepted as a volunteer, I agree that:

- I understand that my services are donated to El Centro Regional Medical Center without contemplation of compensation, or future employment and given for humanitarian or charitable reasons.
- I understand that all volunteers are required to be screened for tuberculosis (TB) that consists of an initial blood test to screen for TB, which will have to be renewed annually and will be free of charge. If I test positive to the blood test, I understand that a chest x-ray will be required, which I will be responsible to pay for (through my doctor or the Health Department).
- I understand that all volunteers are required to be vaccinated for influenza, and if I am unable to do so strictly for medical reasons, I will provide documentation to the Employee Health Nurse for a vaccine declination to be accepted.
- I understand that if I am accepted as a volunteer at ECRMC, I will be required to pass a background check which will be free of charge. (Applies to applicants ages 18 and over only)
- I pledge that I will hold in strictest confidence all information regarding any patient I may have contact with or knowledge about. I will not divulge to anyone in or outside the hospital any action of any patient, employee, or member of the medical staff.
- I agree to perform my volunteer duties to the best of my ability. I agree to adhere to all ECRMC policies and procedures. I agree to meet time and duty commitments or to provide adequate notice so that alternate arrangements may be made.
- I understand that Volunteer Services reserves the right to terminate any volunteer status as result of failure to comply with ECRMC policies, rules and regulations, absences without prior notification, unsatisfactory attitude, work, or appearance which would make my continued services as volunteer contrary to the best interest of ECRMC.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|------------------|--|
| Name (printed) | |
| Signature & Date | |

Parental Consent for Applicants Under Age 18

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| Do you give permission for your child to have the TB test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In case of an emergency and a parent /guardian cannot be reached, an emergency room physician has my permission to provide emergency treatment. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent/Guardian Signature: _____ Date: _____ |