



Dear Caring Community Member,

First let me say thank you. Thank you for considering Enloe as an organization with which to share your time, treasure, and talent. I know that there are many worthy organizations in our area with whom you may choose to partner, so I am thrilled and appreciative that you are interested in serving our community through Enloe Medical Center.

The mission of Enloe Volunteers is to enhance the patient and visitor experiences by connecting community members with meaningful opportunities that support hospital programs, projects, and services. Volunteers have a big impact at Enloe and I welcome the chance to help you explore a placement suitable to your interests, skills, background, and availability. There are a wide range of service placements available and we are able to fit adults, teens, seniors, and college student volunteers.

Attached is an application checklist and application, which you may complete and drop-off or mail to: Enloe Volunteer Services, 249 W. Sixth Ave., Chico, CA 95926. Once your application and letters of recommendation have been received, you will be sent information on an upcoming mandatory Orientation. Healthcare standards require that all volunteers be informed of policies and procedures that the hospital has in place for your safety as well as that of our patients.

We appreciate your interest and look forward to receiving your completed application. If you have any questions, please call the Volunteer Services office at 332-4575.

Sincerely,

R. Galindo-Kuhn

Roseanna Galindo-Kuhn
Director, Volunteer Services

Volunteer Application Checklist

- Complete application and health questionnaire.
- Obtain two letters of recommendation. Letters of recommendation should not be obtained from anyone related to you or living at your address.
- Provide the complete names, mailing addresses and phone numbers of the references you obtained letters of recommendation from. (This information will be asked for on the application.)
- Submit completed application and the two letters of recommendation to the Volunteer Services Office.
- After submitting your application you will be invited to an upcoming orientation if you have not attended one. If you have attended orientation you will be contacted for a placement interview to discuss your placement as an Enloe Volunteer.

If you have any questions, please contact the
Volunteer Services Office at 332-4575.

Thank you for your interest in volunteering at Enloe Medical Center!!



Date Received _____
 Application Complete Incomplete
 Date Interviewed _____
 Volunteer Type _____

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

 Last Name First Name MI (How do you want your name to appear on badge?)

 Address (Apt. #) City Zip Code

 Phone Cell Phone Email

 Birthday Social Security # (last 4 digits only)

EDUCATION: High School College Post Graduate

 Degree(s)

Are you a current student? Yes No Expected graduation date _____

Are you a year-round resident? Yes No

If not, what months are you available? _____

WORK STATUS: Employed Retired Unemployed

 Current or last place of employment

IN AN EMERGENCY PLEASE NOTIFY:

 Name Relationship

 Address Home Phone

 Work Phone

 Physician Phone

Have you ever applied to be an Enloe Volunteer before? Yes No

Are there any work activities or conditions that you must avoid? Yes No

If Yes, please describe _____

Have you ever committed, been convicted of, pled guilty to, or pled no contest to a felony or a misdemeanor? NOTE: Conviction of a crime is not necessarily grounds for disqualification.

Yes No If Yes, please explain _____

What do you hope to gain from your volunteer experience? _____

Have you volunteered in a healthcare setting before? _____ Yes _____ No

If Yes, describe the experience _____

What about the healthcare setting is appealing to you? _____

PERSONAL REFERENCES:

*Please provide complete names and addresses of references. References should not be related to you or live at the same address. To process your application, **reference information must be complete.***

1. Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ How long have you known? _____

2. Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ How long have you known? _____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

Signature _____ Date _____

