

Providence Holy Cross Medical Center  
Volunteer Services  
15031 Rinaldi Street  
Mission Hills, CA 91346-9600  
(818) 496-4613  
CAPHCMC.Volunteers@providence.org



## ADULT APPLICATION (18+ years of age)

Dear Prospective Volunteer,

Thank you so much for your interest in volunteering at Providence Holy Cross Medical Center.

Benefits of volunteering with us include:

- Free parking while serving at the hospital
- Snack ticket & Cafeteria discount
- Annual Recognition Event
- Invitation to all employee events
- The opportunity of serving in a caring facility dedicated to the well being of all its patients, families and staff.

Please understand volunteering is not a stepping stone to employment. This is a difficult message to share but please join our volunteer program based on a willingness to volunteer. If you are searching for a paid position, please look at the available positions being offered through our web site, [www.providenceiscalling.jobs](http://www.providenceiscalling.jobs).

As a PHCMC volunteer **we do ask you to commit to a weekly shift of 4-6 hours for a minimum of 6 months and 125 hours**

**Documentation for service hours will be provided only after the minimum commitment has been fulfilled.** Of course, we hope that our new volunteers will develop a caring commitment to Providence Holy Cross and remain with us for many years. The hospital invests time and expense to orient and train new volunteers. Therefore unless you are willing to stay at least 6 months we recommend that you seek volunteer service elsewhere.

The Volunteer Office is eager to place volunteers in a setting where they feel comfortable and enjoy giving service. You will be consulted on your preferences before placement. All placements are subject to a trial period dependent upon the satisfaction of the department and the volunteer

If the above criteria meet your needs and available time, **please complete the enclosed application and return by email, mail or in person to the Info Desk in the Main Lobby of the hospital.** We do not have the staff to accommodate walk-ins. We will review your application, then contact you to set up an interview if we have an opening that matches your interest and availability.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Wegner".

Pamela Wegner, Volunteer Services  
818.496.4613; [PHCMC.Volunteers@providence.org](mailto:PHCMC.Volunteers@providence.org)

## **VOLUNTEER OPPORTUNITIES**

**ASSIGNMENT PROCESS:** It is the responsibility of the Department of Volunteer Services to obtain the most appropriate volunteers, determine their capabilities and assign them accordingly. Not every opportunity is available at a given time and is often determined by the department's needs as well as the volunteer's background, skills and schedule of availability.

Bilingual language skills, Spanish especially, are extremely helpful in many of our assignments .

**SHADOW PROGRAMS –We are unable to allow physician or nurse shadowing** as it is considered a breach of patient confidentiality and is not permitted at our medical center.

**ADMITTING OFFICE VOLUNTEER:** Assist with greeting patients and visitors. Escort them to their destination in the Medical Center, possibly by transport in a wheelchair; may also assist with general office tasks and running errands.

**CENTRAL SUPPLY VOLUNTEER:** Assists the department staff with maintaining supplies and inventory control as needed by unpacking, stocking and putting stickers on supplies, at times making deliveries to various departments and locations throughout the Medical Center.

**EMERGENCY ROOM VOLUNTEER:** (21 and older) Will assist with greeting people, directing visitors, making phone calls, answering questions, locating patients and helping with forms. May also communicate with patients and family, maintain waiting room and supplies, request an interpreter, and assist patients needing wheelchairs. Requires the ability to withstand long periods of walking and/or standing.

**EUCCHARISTIC MINISTER VOLUNTEER:** In recognition of the shared ministry within the Church, Eucharistic Ministers, with prior experience and training assist with bringing the Eucharist to patients in the Medical Center who have expressed a desire for the Sacrament.

**GIFT SHOP VOLUNTEER:** Will complete the sale of merchandise and gifts utilizing a cash register, make change and package sold merchandise. May check flower arrangements, encourage sales by pointing out new merchandise, and replenish candy and other food items. Reliability and dependability A MUST as the gift shop does not operate without volunteers to staff it.

**ICU/CCU HOST VOLUNTEER:** Welcomes and greets visitors to the ICU unit and controls the number of visitors in the actual room with the use of special ID badges.

**LABORATORY SERVICES VOLUNTEER:** Assist with retrieving samples from tube system, transport specimens from floors to lab and perform functions to facilitate successful completion of clerical duties. Assist as required with filing, copying, answering phones, typing and miscellaneous clerical duties. Assist staff in maintaining supplies and inventory as requested.

**MATERNAL CHILD HEALTH VOLUNTEER:** (16 and older) Provide assistance to Maternal Child Health patients, family members and their visitors to ensure their experience is as pleasant as possible. Assist staff with improving patient stay. May answer call lights, make beds, clean tables, fill water pitchers, check linen supply in room, or assist patients with various needs.

**NURSING UNIT VOLUNTEER:** Assist nursing staff with unit activities, providing assistance to patient care staff to ensure delivery of the best care possible to our patients. (16 and older)

**REHAB SERVICES: PHYSICAL/OCCUPATIONAL THERAPY VOLUNTEER:** Provide assistance to staff; may clean whirlpool, gym and/or galley areas. May change linens, make hot/cold packs, assist patients by wheel chair to other locations, and transport equipment or run errands.

**RADIOLOGY/IMAGING VOLUNTEER:** Assists as required with organizing and filing patient related information; escorting patients; delivering materials to other departments and general office tasks.

**SHORT STAY VOLUNTEER:** The role of the volunteer is to provide assistance to the nurses working in Short Stay Surgery Unit. Volunteers assist with sanitizing and disinfecting patient gurneys; discharging patients by wheelchair and preparing patient packets.

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**ADULT APPLICATION (18+ years of age)**

Providence Health & Services Los Angeles Service Area welcomes individuals of all backgrounds and abilities and does not judge applicants by race, religion, age, national origin, or disability; but rather by commitment, dependability, and the desire to be of service.

TODAY'S DATE:		DATE AVAILABLE TO START:	
LAST NAME		FIRST	MI
STREET ADDRESS			
CITY		ZIP CODE	
HOME PHONE		CELL PHONE	
		WORK PHONE	
DATE OF BIRTH:	MONTH	DAY	Year
E-MAIL ADDRESS			
<b>Have you ever been an employee or volunteer of PHCMC or Providence St. Joseph Med Center? _____ No _____ Yes.</b> Have you ever applied here before?			
<b>EMERGENCY CONTACT INFO:</b>			
NAME		RELATIONSHIP TO YOU	
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	
<b>EMPLOYMENT: CHECK ONE PLEASE _____ Current _____ Last _____ Retired</b>			
Company		Position	
Address		Phone	
<b>SCHOOL INFO</b>			
SCHOOL		ADDRESS	
PHONE	GRADUATION YEAR	GPA	
ARE YOU VOLUNTEERING TO FULFILL A CLASS REQUIREMENT FOR COMMUNITY SERVICE CREDITS? No Yes			
IF YES, NUMBER OF HOURS REQUIRED		REQUIRED DATE OF COMPLETION	
NAME OF SCHOOL, CLASS, OR OTHER ORGANIZATION REQUIRING COMMUNITY SERVICE HOURS:			
Volunteers may be asked to assist staff with translating information to patients/families. If you are willing to assist with translation, please complete this section.			
Language(s):		Can you read/write in this language? Yes No	

How did you learn about the volunteer program at PHCMC?							
Previous or current volunteer experience?							
How long are you willing to remain a volunteer?		6-12 mos.			12 months or more		
How many hours per week will you be volunteering?							
Please circle the days, and indicate the time of day, you are available to volunteer:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME							
<b>Indicate preference of Volunteer Service:</b> CLINICAL    OFFICE    OTHER DEPT:							
Skills or Experience:							
Do you have family or friends who work or volunteer in our medical center?    Yes          No							
If so, who?				Where?			
<b>VOLUNTEER AGREEMENT AND CERTIFICATE OF INFORMATION</b>							
<p>Believing that Providence Holy Cross Medical Center (herein referred to as PHCMC) has need of my volunteer services I agree to:</p> <ul style="list-style-type: none"> <li>• Hold as absolutely confidential all information, which I may obtain directly or indirectly concerning Providence Holy Cross Medical Center, its patients/families, staff, physicians and volunteers. I will not seek confidential information in regard to a patient.</li> <li>• Donate my services to Providence Health System without contemplation of compensation, or future employment.</li> <li>• Serve at least 125 hours over a minimum of a six month period</li> </ul> <p>I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Providence Health System to investigate and or verify the foregoing information, and any other information, which might assist them in determining my qualifications for volunteering. I release PHCMC and my former employers, and all others from liability from damage which may result from such investigation, if upon, such investigation, anything contained in this application is found to be untrue. I further agree to comply with the rules and regulations, as well as safety practices in all areas of PHCMC. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of PHCMC including those of the Volunteer Services Department, for absence without notification, for reasons of unsatisfactory attitude, work, personal appearance, and for any other circumstances which, in the judgement of PHCMC would make my continued service as a volunteer contrary to their best interests. I also understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for an employment agreement signed by an administrative representative of this facility. <b>ANY PERSON WHO KNOWINGLY GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL.</b></p>							
Print Your Name							
Your Signature					Date		
<b>DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY</b>							
Date Application received:				Interview Date:			
Guild Candidate (Dues):				Intern:			
Orientation Date:				Safety Quiz:			
Start Date:				TB:			
Uniform Paid:				ID Badge Recd:			
HIPAA:				Background Check:			
Assigned Department				Dept Checklist			
Days and Hours							
Signature, Volunteer Services					Date:		

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## Volunteer Applicant's Personal Statement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**(Attach additional sheets if necessary)**

**1. Why are you interested in volunteering at Providence Holy Cross Medical Center?**

**2. What do you expect to gain from this experience?**

**3. Please describe your short-term goals.**

**4. Please describe your long-term goals.**









