



STUDENT VOLUNTEER APPLICATION INFORMATION AND PROCEDURES

Thank you for your interest in applying to Sharp Chula Vista's Volunteer program. The following information will help guide you through the application process.

ALL APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

1. Be an adult currently enrolled in higher education.
2. Have a minimum GPA of 3.0 with proof of unofficial transcripts.
3. Recommendation Form filled out and submitted in a separate sealed envelope.

EXPECTED COMMITMENT:

1. You **MUST** be able to commit for a minimum of 1 year, with the option to continue long-term.
2. Shifts are 3-4 hours, once per week.
3. Radiology, Physical Therapy and Nutrition student requirements are different. Please contact the Volunteer Office for details.

APPLICATION and ONBOARDING PROCESS: This process can take anywhere from one to four months, depending on several factors.

1. APPLICATION:

- a. Return the completed application to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. An incomplete application will not be considered.
- b. If your application is incomplete in any way, Sharp Chula Vista Volunteer Services is not obligated to notify you.
- c. We do not accept court ordered volunteers.

2. INTERVIEW:

- a. Those applicants being considered for an available position will be invited to an interview. Interviews are conducted on an ongoing basis.
- b. Those not being considered for an interview will receive written notification. It is not our policy to give feedback as to why an applicant was not selected for an interview.
- c. During the interview every attempt is made to match applicants to the most appropriate service area with regard to scheduling, skills and interests.
- d. Volunteer Services staff reserves the right to place you in a high priority position. You reserve the right to accept or decline the position being offered.

3. ORIENTATION:

- a. After being interviewed, if we have a placement for you, you will be notified by email of your acceptance and required to complete an online orientation.
- b. During the online orientation you will be instructed on how to register for the in-person Orientation.
- c. During the in-person Orientation, you will be asked to pay dues, will be given information about the purchase of the uniform and how to complete the health requirements.

4. PLACEMENT AND TRAINING:

- a. You will learn where you have been placed upon acceptance.
- b. After both Orientations, and upon completion of your health clearances, you will be scheduled to train.
- c. After you complete 3 position specific training sessions, you will be assigned your schedule and can begin volunteering.

If accepted as a Volunteer, below are the Health Requirements that must be met. **NO ACTION IS REQUIRED AT THIS TIME.** More information regarding these requirements will be covered at the Orientation.

HEALTH REQUIREMENTS:

Volunteers in hospitals and clinics

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) One dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) A verbal statement if you have had chickenpox illness in the past. If you have not had chickenpox you will need documentation of 2 doses of varicella (chickenpox) vaccine.

Volunteers in Women's Clinical Areas

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) During flu season, October to March, one dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) Documentation of immunity to chickenpox. You can provide either a titer (blood test) showing proof of immunity if you have had chickenpox in the past OR if you have not had chicken pox you will need documentation of 2 doses of varicella (chickenpox) vaccine.
- 6) Documentation of hepatitis B vaccine.

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at scv.volunteers@sharp.com. We will get back to you as soon as possible.

Thank you for your interest in Sharp Chula Vista Medical Center's Student Volunteer Program.

STUDENT VOLUNTEER APPLICATION
18+ ENROLLED IN HIGHER EDUCATION
MINIMUM GPA: 3.0
SUBMIT THIS APPLICATION WITH SIGNED AND
SEALED RECOMMENDATION FORM AND UNOFFICIAL
TRANSCRIPTS

For office use only:

Date received _____
Vsys entered _____
Date called _____
Interview scheduled _____
Letter sent _____
Vsys update _____
Pin # _____

Name _____ Email _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

School _____ Major _____

Certifications held _____ Cumulative GPA _____

Birthday month and day _____ / _____ How did you hear about us? _____

List any volunteer experience:

Organization _____ Dates _____

List any current employers:

Company _____ Dates _____

Other activities, hobbies, clubs:

Person to notify in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Do you have any family members or friends currently working or volunteering for Sharp HealthCare?

No Yes, please list:

Name: _____ Department: _____ Relationship: _____

Do you speak any other languages?

No Yes, please list _____

Do you have any physical restrictions that would require accommodations?

No Yes, please explain _____

How did you become interested in volunteering and why did you choose Sharp Chula Vista?

What does the “Sharp Experience” mean to you?

What interests, skills, and special abilities do you have that would make you a great asset to the “Sharp Experience”?

Write about what you do to make a positive first impression:

Describe how you express gratitude, appreciation, or recognize the accomplishments of others?

What are your future career goals for the future?

Volunteer Opportunities

Please check all the volunteer positions that interest you

- | | | |
|--|---|---|
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Ambulatory Care Aide | <input type="checkbox"/> Healing Touch / Reiki | <input type="checkbox"/> Pharmacy Aide |
| <input type="checkbox"/> Arts for Healing | <input type="checkbox"/> Infusion Center Aide | <input type="checkbox"/> Physical Therapy Aide |
| <input type="checkbox"/> Barnhart Cancer Center | <input type="checkbox"/> In-Patient Volunteer | <input type="checkbox"/> PACU Liaison |
| <input type="checkbox"/> Birch Patrick Aide | <input type="checkbox"/> Knit and Crochet Group | <input type="checkbox"/> Quiet Cart |
| <input type="checkbox"/> Book Cart | <input type="checkbox"/> Maternity Aide | <input type="checkbox"/> Reception & Information Desk |
| <input type="checkbox"/> Emergency Dept. Aide | <input type="checkbox"/> MICU Aide | <input type="checkbox"/> Shuttle Drive |
| <input type="checkbox"/> Emergency Dept. Liaison | <input type="checkbox"/> Music for Healing | <input type="checkbox"/> Anywhere Needed |
| | <input type="checkbox"/> Patient Companion | |



Please check the available times that you can volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 9-12							
Midday 12-3							
Afternoons 3-6							
Evenings 6-9							

CERTIFICATION:

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Chula Vista Auxiliary and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. I release Sharp Chula Vista Auxiliary and Hospital and my former employers from any liability for damage, which may result from any such investigation. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986. I certify the above is true to the best of my knowledge.

Signature of applicant _____

Date _____

Please return this completed application packet in person or by mail to:

**Sharp Chula Vista Auxiliary
751 Medical Center Court
Chula Vista CA 91911**

Forms to be enclosed:

- **Student Volunteer Application**
- **Unofficial college transcripts**
- **Recommendation Form for Student Volunteers**

Recommendation Form for Student Volunteers

Student volunteer applicants must submit this Recommendation Form completed and sealed as part of the application packet. The Recommendation Form can be filled out by a school counselor or administrator, professor, employer, volunteer manager, religious leader, coach, or other adult who can attest to your qualifications and abilities. This form may not be filled out by parents or relatives. This form must be in a sealed envelope by the referee prior to returning it to you. It must remain sealed when submitted as part of your application.

THIS PORTION IS TO BE FILLED OUT BY APPLICANT

Name _____

Signature _____ Date _____

THIS PORTION IS TO BE FILLED OUT BY REFEREE

The above applicant has applied to become a volunteer at Sharp Chula Vista Medical Center. As a volunteer, s/he may work directly with patients, families, visitors, employees, specimens, equipment, money, patient medical records, and other confidential material. Thus, it is our policy to screen all applicants and would appreciate your help in this process.

Please answer the questions below and add any comments you wish to make about the applicant. Please enclose your completed form in a sealed envelope. All information you provide will be kept strictly confidential. Thank you for your assistance.

Your name _____

Position or relationship to applicant _____

How long have you known the applicant? _____

List strengths of applicant _____

List weaknesses of applicant _____

This form continued on back

Continued: THIS PORTION IS TO BE FILLED OUT BY REFEREE

The volunteer work that is performed at Sharp Chula Vista is significant to our “Sharp Experience” culture. Therefore, we weigh this evaluation form highly when selecting top candidates. Please evaluate and rate carefully and include any comments you feel may be helpful.

	Strong	Average	Weak	Comments
Integrity				
Trustworthy				
Responsibility				
Personality				
Follows instructions				
Friendly				
Punctual				
Patience				

Circle your overall recommendation (10 being highly recommend): 1 2 3 4 5 6 7 8 9 10

Any further comments? _____

Signature _____ Date _____

For any questions, contact:
Sharp Chula Vista Volunteer Services
751 Medical Center Court
Chula Vista, California 91911
Office: (619) 502-3606
Email: scv.volunteers@sharp.com

THIS FORM MUST BE SEALED PRIOR TO RETURNING TO APPLICANT