

**JUNIOR VOLUNTEER APPLICATION**

**E-MAIL COMPLETED APPLICATIONS TO:**

wlavolunteerservices@KaiserPermanente.onmicrosoft.com

**Date:** Click or tap to enter a date. [ ] **MALE** [ ] **FEMALE**

[ ] **High School Student**[ ]  **High School Graduate**

[ ] **Junior High School Student** [ ]  **Junior High School Graduate**[ ]  **Other**

**Name**: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

 **Last Name First Name Middle Initial**

**Street** **Address**: Click or tap here to enter text.

**City**, **State**, **Zip**: Click or tap here to enter text.

**Home** **Phone**: Click or tap here to enter text.

**Cellular** **Phone**: Click or tap here to enter text.

**E**-**mail** **Address**: Click or tap here to enter text.

**Are you willing and able to commit 100 hours and/or 1 year of service to Kaiser Permanente? Yes -** [ ]  **No -** [ ]

**Are you willing and able to commit to a regularly scheduled 4 hour shift each week? Yes -** [ ]  **No -** [ ]

 **In order to evaluate your application and determine whether we will be able to offer you a place on our team, we would like to get to know you better. As you answer the questions below, please feel free to attach additional pages if needed. We also encourage you to send a resume, letter of reference or other documents that might help support your application.**

Please share with us why you would like to volunteer at Kaiser - West Los Angeles. **Please limit your response to four lines.**

Click or tap here to enter text.

Please describe for us a time when you have interacted with someone who was ill, recovering from surgery or recovering from mental illness. What were your challenges and successes? **Please limit your response to four lines.**

Click or tap here to enter text.

* ***Continued –***

Do you have previous volunteer experience? If yes, please list locations, positions held and dates for your previous experience. If no, please share life/work experiences that will help you succeed as a volunteer in a hospital. **Please limit your response to four lines.**

Click or tap here to enter text.

What experience do you wish to gain while participating in the Kaiser Permanente Volunteer Program? **Please limit your response to four lines.**

Click or tap here to enter text.

What tasks or departments are of interest to you? **Please limit your response to four lines.**

Click or tap here to enter text.

Do you have any special skills, talents or interests you would be willing to share with us? **Please limit your response to four lines.**

Click or tap here to enter text.

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| **WEST LOS ANGELES, CA 90034****volunteer services Application****(Please Print in Black Ink)** |
| **to the applicant: kaiser foundation health plan, inc., kaiser foundation hospitals (together kfhp/h), kfhp/h’s subsidiaries, southern california permanente medical group, and the permanente medical group, inc. (“kaiser permanente”), are equal opportunity Volunteer Organizations. kaiser permanente makes Volunteer Placement decisions based on qualifications only without regard to race, religion, color, national origin, ancestry, sex, age, marital status, disability, medical condition, sexual orientation, veteran status, or other non-job related factors prohibited by applicable federal, state, or local laws. kaiser permanente provides applicants who have disabilities with reasonable accommodation to assist in the interview/Volunteering process. applicants requiring accommodation(s) should contact the Volunteer Director’s office. kaiser permanente is a smoke-free workplace. this document must be completed in its entirety before Volunteer Placement can be authorized.** |
| **PERSONAL DATA** |
| **NAME (LAST) (FIRST) (MIDDLE)**Click or tap here to enter text. | **TODAY’S DATE**Click or tap to enter a date. |
| **ADDRESS (NUMBER) (STREET) (APARTMENT #)**Click or tap here to enter text. | **HOME / CELL TELEPHONE** Click or tap here to enter text. |
| **CITY STATE ZIP CODE**Click or tap here to enter text. | **SOCIAL SECURITY #**Click or tap here to enter text. |
| **emaiL:** Click or tap here to enter text. |
| **emergency Contact persons** |
| **Name:** Click or tap here to enter text. | **Name:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. |
| **Relationship:** Click or tap here to enter text. | **Relationship:** Click or tap here to enter text. |
| **HOW DID YOU HEAR ABOUT THE west la KAISER PERMANENTE VOLUNTEER SERVICES PROGRAM?**[ ]  **COUNSELOR/TEACHER** [ ]  **FRIEND** [ ]  **SCHOOL CAREER FAIR** [ ]  **PRESENTATION** [ ]  **BROCHURE** [ ]  **KAISER PERMANENTE EMPLOYEE** [ ]  **SYEP WEBSITE** [ ]  **OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **have you ever been employed by kaiser permanente or any other kaiser organization?**[ ]  **YES** [ ]  **NO**  | **IF YES, NAME OF FACILITY OR ORGANIZATION**Click or tap here to enter text. | **WHEN**Click or tap to enter a date. |
| **WHERE**Click or tap here to enter text. | **POSITION HELD**Click or tap here to enter text. | **NAME USED**Click or tap here to enter text. |
| **DO YOU HAVE RELATIVES WORKING FOR KAISER PERMANENTE? IF YES, INDICATE NAME, RELATIONSHIP, DEPARTMENT, LOCATION**[ ]  **YES** [ ]  **NO**  |
| **WHY do you want TO VOLUNTEER?**[ ]  **PERSONAL FULFILLMENT** [ ]  **SCHOOL REQUIREMENT** [ ]  **COURT ORDERED COMMUNITY SERVICES**[ ]  **OTHER:** Click or tap here to enter text. |
| **REFERENCES** **(non-relatives)** |
| **NAME**Click or tap here to enter text. | **TELEPHONE NUMBER**Click or tap here to enter text. | **HOW DOES THIS PERSON KNOW YOU**Click or tap here to enter text. | **OCCUPATION**Click or tap here to enter text. |
| **NAME**Click or tap here to enter text. | **TELEPHONE NUMBER**Click or tap here to enter text. | **HOW DOES THIS PERSON KNOW YOU**Click or tap here to enter text. | **OCCUPATION**Click or tap here to enter text. |

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| **EDUCATION INFORMATION** |
| **CURRENT SCHOOL NAME**Click or tap here to enter text. | **COLLEGE ATTENDED/ATTENDING**Click or tap here to enter text. |
| **COUNSELOR’S NAME**Click or tap here to enter text. | **GRADE YOU WILL COMPLETE THIS YEAR**Click or tap here to enter text. |
| **employment & VOLUNTEER experience** |
| **LIST CURRENT AND PREVIOUS WORK EXPERIENCE (INCLUDE VOLUNTEER WORK)** |
| **company name / address / PHONE** | **dates Employed** | **Job Title and duties performed** |
| Click or tap here to enter text. | **from:** Click or tap to enter a date. | **to:** Click or tap to enter a date. | **title:** Click or tap here to enter text.**duties:** Click or tap here to enter text. |
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| **LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)** |
| **LANGUAGE** | **READS** | **WRITES** | **SPEAKS** |
| Click or tap here to enter text. | [ ]  | [ ]  | [ ]  |
| Click or tap here to enter text. | [ ]  | [ ]  | [ ]  |
| **AMERICAN SIGN LANGUAGE (SIGN)** [ ]  **YES** [ ]  **NO**  |
| **SKILLS** |
| **CHECK SKILLS THAT YOU POSSESS** |
| [ ]  **typing words per minute number of semesters** |
| [ ]  **computer skills** | **type of software used (check all that apply)****indicate skill level: beginning (b), intermediate (i), or advanced (a)**[ ] **Excel** [ ]  **Microsoft Word** [ ]  **PowerPoint** [ ]  **access** [ ]  **Adobe Photoshop** [ ]  **Desktop Publishing** [ ]  **other:** Click or tap here to enter text. |
| [ ]  **other Skills:** Click or tap here to enter text. |
| **SKILLS, INTERESTS, AND HOBBIES:** Click or tap here to enter text. |

**Birthdate:**

Click or tap to enter a date.

**For Verification, and Statistical purposes *ONLY*.**