

**ADULT VOLUNTEER APPLICATION**

**E-MAIL COMPLETED APPLICATIONS TO:**

[wlavolunteerservices@KaiserPermanente.onmicrosoft.com](mailto:wlavolunteerservices@KaiserPermanente.onmicrosoft.com)

**Date:** Click or tap to enter a date. **MALE  FEMALE  NON-BINARY  OTHER**

**College Student  College Graduate  High School Graduate  Other**

**3rd Year Nursing Student**

**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 Permanente 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. | | | | |  | |
| **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 permanete 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. | | | |
| 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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| 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. | | | |
| **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:** Click or tap here to enter text. **number of semesters:** Click or tap here to enter text. | | | | | | | | |
| **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. | | | | | | | | |

**AUTHORIZATION TO PROVIDE BACKGROUND CHECK REPORT AND RELEASE**

I understand that, in connection with my desire to be a volunteer at Kaiser Permanente (“Company”), I have been asked to authorize First Advantage to provide a background check report about me to the Company. I hereby voluntarily authorize First Advantage to prepare and provide a background check report to the Company that discloses any criminal convictions, any pending arrests for which I am out on bail or on my own recognizance pending trial, any listing as an excluded individual or registered sex offender, or other information requested by the Company to determine my suitability as a volunteer. I understand that passing a background check is a condition of serving as a volunteer at Kaiser Permanente and voluntarily agree to this background check in order to volunteer at Kaiser Permanente.

I hereby also authorize any person, business entity or governmental agency that may have information about me to disclose the information to the Company, by and through First Advantage.

I hereby release the Company, First Advantage, and each of their respective parent, subsidiary, and affiliate organizations, and each of their officers, directors, agents, representatives and employees, and any and all persons, business entities and governmental agencies, from any and all liability, claims and/or demands of whatever kind arising out of or relating in any way to the providing of information and/or assisting with the compilation or preparation of the background check report I have authorized.

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**: Click or tap to enter a date.

**Please provide the following information for the purpose of obtaining the background check report:**

FULL NAME (as it appears on your driver’s license): Click or tap here to enter text.

ALIAS/AKA/MAIDEN NAMES (include time frame used): Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide your residential Addresses and mailing addresses (if different) for the last seven years, beginning with your current address. If more room is required, please list on a separate sheet of paper.**

|  |  |  |
| --- | --- | --- |
| Street Address  City, State Zip Code | Residency Start Date | Residency End Date |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
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| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |

CURRENT HOME TELEPHONE: Click or tap here to enter text.

SOCIAL SECURITY #: Click or tap here to enter text. DATE OF BIRTH: Click or tap to enter a date.

**Criminal Public Record Check**

**(**Please Complete all Sections Below)

**In answering the following questions, do not disclose misdemeanor marijuana related convictions that are more then two years old, convictions that have been expunged, sealed or statutorily eradicated, misdemeanor convictions for which probation has been successfully completed or discharged and the case has been judicially dismissed, or any referrals to a pre-trial or post-trial diversion program**.

A. “Crime” means any misdemeanor or felony regardless of age including convictions for motor vehicle/driving violations that constitute a misdemeanor or felony; e.g., driving under the influence of drugs or alcohol, reckless driving.

B. “Convicted” means plea, verdict or finding of no contest or guilt, regardless of whether the sentence was imposed by the court

C. Conviction of a crime is not an automatic bar to volunteerism, all circumstances will be considered, and however failure to fully disclose is falsification and ground for immediate termination of volunteer assignment upon discovery at any time during volunteer assignment.

Have you ever been convicted of a crime? Yes  No

If Yes, Date: Click or tap to enter a date. Crime: Click or tap here to enter text. Court: Click or tap here to enter text. City: Click or tap here to enter text.

Are you presently on probation? Yes No

Are you presently on parole? Yes No

Do you have a criminal case pending? Yes No

(This includes cases pending trial continues for hearings, cases where warrants are outstanding and cases where you are released on ball or your own recognizance.)

If the volunteer assignment you applied for is in a health facility and has regular access to patients, have you ever been arrested for an offense involving controlled substances? Yes No

(CAL Labor Code 432.7(1) CAL Penal Code 290)

If the volunteer assignment you applied for is in a health facility that has regular access to patients, have you ever been arrested for a sex offense for which registration as a sex offender would be required upon conviction? Yes No (CAL Labor Code 432.7(1) Cal Penal Code 290)

Are you required to register as a sex offender under CAL Penal Code 290? Yes No

Have you ever been sanctioned or otherwise excluded from participation in MEDICARE, MEDICAID or any other federal or state health care program?

Yes No

If yes Date: Click or tap to enter a date. any actions pending? Yes No

Are you still on the sanction exclusion list? Yes No If no, what date did the sanction exclusion end? Click or tap to enter a date.

Where you reinstated? Yes No

This application is submitted with the understanding that a health screening satisfactory to the employer must be completed before a conditional offer of volunteer placement can be confirmed, I hereby consent to such a screening and inclusion of a statement whether I have passed or failed the screening in my volunteer role.

If further understand that Kaiser Permanente will verify the statements I have made regarding any criminal convictions that may be on my record. I give Kaiser Permanente consent to conduct a criminal records check, I authorize my past employers and persons named as references to give Kaiser Permanente pertinent work-related information about me, I also understand that all offers of volunteering are contingent upon receipt of satisfactory verification of all the above information.

I certify that all answers I have given in the document are true and I have not knowingly withheld any facts or circumstances. I understand that all answers given on this document and the application process are subject to verification and that should I be accepted for a volunteer assignment at Kaiser Permanente, any falsification, misrepresentation, or omission of facts are sufficient reasons for dismissal upon discovery at any time during my volunteer assignments(s)

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**: Click or tap to enter a date.