Thank you for your interest in volunteering with UC Davis Health System.

We offer a wide variety of volunteer opportunities for you to choose from. Volunteers are part of the health team at UC Davis Health System and we are looking for people who are willing to make a firm commitment of their time and talents to our volunteer program.

Please review the volunteer requirements on the web site. If you are ready to get involved at this time, please fill out the application, print it and mail to:

**UC Davis Health System, Volunteer Services**
2330 ½ Stockton Boulevard
Sacramento, California 95817

We will mail you information to an upcoming mandatory orientation following the return of your application to our office.

UC Davis students, please contact the UC Davis Internship and Career Center at 530-752-2855 for placement information.

We appreciate your interest in our volunteer program and your willingness to give your time and energy.

Sincerely,

UC Davis Health System, Volunteer Services
(916) 734-2401
volunteer.services@ucdmc.ucdavis.edu
UNIVERSITY OF CALIFORNIA, DAVIS, HEALTH SYSTEM
VOLUNTEER SERVICES

Vol ID#___________________

PLEASE PRINT

DATE _________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
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HOME ADDRESS
Street (include apartment number) City State Zip

E-MAIL ADDRESS (please PRINT clearly)

________________________________________________________

HOME PHONE _________________________ CELL / WORK PHONE

NOTIFY IN CASE OF EMERGENCY: Name

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Volunteer Area Preference: 1) ____________________ 2) ___________________ 3) ____________________

Time Available: Days __________________________________ Hours __________________________________

How did you hear about volunteering at UC Davis Health System?
[ ] employee (1) [ ] volunteer (3) [ ] friend (5) [ ] just called (9) [ ] just knew (10) [ ] relative (12)
[ ] high school (20) [ ] college (21) [ ] other ______________________________

What skills can you offer while volunteering?

I would like to volunteer at UC Davis Health System because **(CHECK ONE ONLY):**
[ ] I want to help patients/hospital
[ ] I am looking for job experience
[ ] I am/will be a student/doing career exploration

Have you volunteered at UCDMC before? ______ Date(s)

FOR STUDENTS: Name of School currently attending

(Providing this data is voluntary. Noncompletion of this section will not preclude, enhance or detract from your opportunity to volunteer with the UC Davis Health System.)

DATE OF BIRTH ____________

M/F ____________

RACE/ETHNICITY (Please check one)

[ ] American Indian/Alaskan Native

(C) American Indian/Alaskan native

(please specify tribal affiliation: __________________________

Asian/Pacific Islander

(2) Chinese/Chinese American

(L) Filipino/Philippino

(R) East Indian/Pakistani

(B) Japanese/Japanese American

(X) Other Asian (Including Far East, Korea, Southeast Asia or Pacific Islands, Samoa)

[ ] Black/African American

(A) Black/African American (Not of Hispanic origin)

Hispanic (Includes Black individuals whose origins are Hispanic)

(5) Latin American/Latino (Including Cuban and Puerto Rican)

(E) Mexican/Mexican American

(W) Other Spanish/Spanish American

White/Caucasian

(F) White/Caucasian (Including the Middle East)
I AM WILLING TO UPHOLD THE PURPOSE OF VOLUNTEER SERVICES which is to render service and support to the hospital, patients, and community served by the University of California, Davis, Health System, in accordance with the objectives established by that institution. IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient. MY SERVICES ARE DONATED to the hospital without payment or promise of future employment. FURTHER, I AGREE THAT I will sign in and out in the appropriate method for all hours volunteered.

UCDHS provides medical treatment coverage for a volunteer who sustains an injury/illness in the scope of providing volunteer services to UCDHS. Primary care treatment will be provided by Employee Health Services. Volunteer Services Department reserves the right to release a Volunteer at will for but not limited to:

- Failure to comply with hospital policies, rules and regulations.
- Unsatisfactory attitude, work or appearance.
- Continuous absences without prior notification and/or 3 absences.
- Breach of confidentiality.

Have you been convicted of a felony or a misdemeanor which resulted in imprisonment?  ☐ Yes  ☐ No
Please explain circumstances, places and dates.

________________________________________
Signature

Please list employment, school or volunteer activities for the past five years.

OFFICE USE ONLY

Placement

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<td>S M T W Th F Sa / Time</td>
<td>First working day</td>
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<td>Individual placement: Y N Send letter: Y N</td>
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2nd Placement

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</tr>
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<td>S M T W Th F Sa / Time</td>
<td>First working day</td>
<td></td>
</tr>
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Waiting List #1

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Waiting List #2

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