

VCMC & SPH



**Ventura County
Medical Center
& Santa Paula Hospital**

Auxiliary

REQUIREMENTS for Adult Volunteers

Adult volunteers must be 18 years of age or older.

Complete the application including background check information.

Be able to complete NOT less than 100 hours of service in six months.

Attend a 5 hour safety orientation, have a Tuberculosis Screening and be able to return within 48 hours to have the Tuberculosis Screening read. (Screening may be done at the Applicants PMD, at the expense of the Applicant, with proof given to Employee Health.)

After TB Screening is complete and verification is returned to the Auxiliary Office the background information will be sent to the Human Resources Department for processing. (This may take from 7 to 10 business days)

If the Applicant receives results before the Volunteer Director has notified the Applicant of completion, please call the Auxiliary office, the Director will then call HR for clearance.

If Applicant is cleared a name badge request will then be issued.

If the Applicant does not clear background check, a volunteer position will NOT be offered to the Applicant and a decline letter will be sent to the Applicant.

After Applicant has obtained a name badge from Human Resources, they are to call the Director of Volunteers, 805-652-6695 to determine date and time of placement and additional training.

The Applicant will be issued a volunteer uniform on their first day of service.

After your application is completed, return it to the Auxiliary Office and have a PHOTO ID available.

If you have any questions about the process, please do not hesitate to call the Director of Volunteers, Debbie Hill, 805-652-6695



Ventura County Medical Center & Santa Paula Hospital

ADULT APPLICATION, AUXILIARY AND VOLUNTEER SERVICES

Volunteer Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Home Phone: _____

Birth Date: _____

Email: _____

Emergency Contact Name: _____ Phone Number: _____

Volunteer/Work History

Company: _____ Phone Number: () _____

Supervisor: _____ Dates Worked: _____

May we contact this company? Yes No

Academic Background

College: _____ City: _____

High School: _____ City: _____

Other: _____ City: _____

Skills

Typing Fax Receptionist Photography Sewing Visiting/Greeting Patients

Filing Alphabetizing Cash Register Calligraphy Crafts Foreign Language _____

Copier Computer Messenger Graphic Arts Crocheting Musical Instrument _____

Sales Phones Journalism Knitting Leadership Other _____

Availability

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

References

Name: _____ Number: _____

Name: _____ Number: _____

Your signature indicates your approval for us to check references and complete a background check. The Auxiliary is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

To the best of my knowledge, the above information is true and accurate.

Signature: _____ Date: _____



Ventura County Medical Center & Santa Paula Hospital

ADULT APPLICATION, AUXILIARY AND VOLUNTEER SERVICES, PLEASE SPECIFY Preference VCMC _____ OR _____ SPH

RETURN Application to: 3291 Loma Vista Rd. Ventura, CA 93003

Full Name:

Last

First

M.I.

Authorization for Medical Treatment

In the event of an emergency, illness or injury requiring immediate medical treatment while volunteering, permission is hereby granted to the Ventura County Medical Center to provide emergency medical care and related services as deemed necessary. The choice of physician shall be at the discretion of VCMC for all work-related incurred injuries.

Signature:

Date:

Consent to Photograph

I hereby authorize the Ventura County Medical Center, Director of Volunteers or appointed photographer, to photograph me while participating in the Volunteer Program. I understand and agree that prints or negatives made from these photographs may be used by the Director of Volunteers or a designee for the Director of Volunteers at his/her discretion.

Signature:

Date:

Statement and Release

I _____, do hereby acknowledge and understand that an Auxiliary Volunteer for the Ventura County Medical Center is not an agent or employee of the County of Ventura or the Ventura County Medical Center and is not eligible for coverage under the County's Workers Compensation for any injury received while volunteering his/her services. I agree that no verbal or other written statements, representations, promises or inducements have been made apart from this "Statement and Release", which I have voluntarily signed.

Signature:

Date:

Health Screening

All employees and volunteers are required to be screened annually for tuberculosis. The volunteer has the option of having a tuberculin skin test, at no cost to them, through the Auxiliary & Volunteer Services Department, or they can opt to have the test done by their own personal physician at their own cost. Without proper health screening, volunteers cannot continue their service activities.

Signature:

Date:

Department Preference

Blank area for Department Preference.

Horizontal line at the bottom of the page.

COUNTY OF VENTURA
"Employee Relations Network Member"

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** (hereinafter collectively referred to as "you") the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that **EMPLOYEE RELATIONS, INC.** will retain the results of this investigation and a copy of my application for employment and this information may, with appropriate authorization, be disclosed in subsequent investigations to other Members of the **EMPLOYEE RELATIONS NETWORK**. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from an Investigative Consumer Reporting Agency in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

Date of birth information is collected for the sole purpose of expediting your background investigation; it is not a factor considered in the evaluation of your application for employment.

Date of Birth: _____

Date: _____

Hiring Agency/Department: _____

Applicant Name (Print Clearly): _____

Other names used: _____

Address: _____
Street City State Zip

Primary Phone #: _____ Secondary Phone #: _____

Social Security Number: _____ Email: _____

Driver's License Number: _____ State: _____ Expiration: _____

Signature: _____ Date: _____

Applicant's Signature

COUNTY OF VENTURA/EMPLOYEE RELATIONS, INC.
PRE-EMPLOYMENT BACKGROUND INFORMATION REQUEST

TO BE USED ONLY IF ADDITIONAL CHECKS ARE REQUESTED

LAST NAME

FIRST NAME

M.I.

EDUCATION

SCHOOL NAME

CITY

STATE

DATE OF GRADUATION

DEGREE AWARDED

SCHOOL NAME

CITY

STATE

DATE OF GRADUATION

DEGREE AWARDED

CERTIFICATIONS / LICENSES

CERTIFICATION/LICENSE NAME

NUMBER

ISSUING AGENCY

CERTIFICATION/LICENSE NAME

NUMBER

ISSUING AGENCY

CERTIFICATION/LICENSE NAME

NUMBER

ISSUING AGENCY

EMPLOYMENT HISTORY - LIST ALL EMPLOYERS FOR THE PAST 7 YEARS – Please attach a list showing the information below for each place worked.

COMPANY NAME

CITY

STATE

FROM

TO

PHONE NUMBER

POSITION/TITLE

SUPERVISOR NAME

REFERENCE CHECKS

Name Street Address City State Zip Phone Relationship

Name Street Address City State Zip Phone Relationship

Name Street Address City State Zip Phone Relationship

CLASS (& CODE) FOR WHICH BACKGROUND IS REQUESTED _____

IF NECESSARY, PLEASE ATTACH ADDITIONAL SHEET(S)

I certify that all statements are true to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts on my part may forfeit my participation in the examination process and/or my right to employment, even if discovered after I have become an employee of the County of Ventura.

Signature: _____ Date: _____

County of Ventura California

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of EMPLOYEE RELATIONS, INC. to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information, and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

EMPLOYEE RELATIONS, INC.
431 NORTH BRAND BLVD, SUITE 308
GLENDALE, CA 91203
PHONE: (800) 716-7773
EMAIL: complianceofficer@erelations.com
WEBSITE: www.erelations.com