

# SHARP CHULA VISTA AUXILIARY STUDENT VOLUNTEER APPLICATION PACKET AND INSTRUCTIONS

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. The application and onboarding process is lengthy and detailed, often taking up to four months before active volunteering begins.

## ALL APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

- 1. Be at least 18 years old and currently enrolled in higher education
- 2. Have a minimum GPA of 3.0

### **EXPECTED COMMITMENT:**

- 1. Long-term volunteer opportunity. Minimum of one year, with the option to continue beyond one year.
- 2. Shifts are 2-4 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:**

#### 1. APPLICATION:

- a. Return the completed application to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. Completed packet will include: application, unofficial transcripts and professional recommendation form.
- b. An incomplete application will not be considered. 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.

### 3. ORIENTATION AND TRAINING:

- a. If after being interviewed, we have a placement for you, you will be notified by email of your acceptance and will be given detailed instructions to complete the onboarding process.
- b. Upon acceptance, you will learn which position you have been assigned.
- c. 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.
- d. Onboarding includes: online and in-person orientations, completion of required training and documentation forms, health clearance, uniform purchase and ID issue.
- e. Training in your assigned position takes place after completion of all onboarding requirements. Training is conducted with an experienced volunteer or staff member.
- f. After successful completion of position specific training sessions, you will begin volunteering on your assigned shift.



## **HEALTH REQUIREMENTS:**

If accepted as a Student Volunteer, below are the Health Requirements. **NO ACTION IS REQUIRED AT THIS TIME.** More information regarding these requirements will be provided at the orientation.

- 1. MMR Vaccine (Measles/Mumps/Rubella) documentation or titer
- 2. Varicella vaccine (chickenpox) documentation or titer
- 3. Pertussis vaccine (Tdap) documentation
- 4. COVID-19 vaccination documentation, including at least one booster
- 5. Influenza vaccination documentation, sign declination or receive vaccine annually from Sharp Healthcare
- 6. TB Testing: QFT blood draw or provide documentation of QFT within 90 days of your scheduled appointment

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at <a href="mailto:scv.volunteers@sharp.com">scv.volunteers@sharp.com</a>.

# Submit completed application packet by email, mail or in person:

Sharp Chula Vista Auxiliary 751 Medical Center Court Chula Vista CA 91911 scv.volunteers@sharp.com

# **Complete packet includes:**

- Student Volunteer Application
- Unofficial transcript(s)
- Professional Recommendation Form



# SHARP CHULA VISTA AUXILIARY STUDENT VOLUNTEER APPLICATION

AGES: 18+ ENROLLED IN HIGHER EDUCATION MINIMUM GPA: 3.0

COMPLETE PACKET INCLUDES: application, unofficial transcript(s) and professional recommendation form

For office use only:	
Date received	_
Vsys entered	_
Date contacted	_
Interview scheduled	_
Pin #	_

Name	Email		
Address			
Primary phone	Indicate phone to	ype: Mobile	Home
School	Major		
Certifications held	Cumulative GPA		
Birthday month and day/	How did you hea	ar about us?	
List any volunteer experience. Provide nam		s of service:	
List any current employers:			
Other activities, hobbies, clubs:			
Person to notify in case of an emergency:  Name:Phone	a. Rol	ationshin:	
Do you have any family members or friend  ☐ No ☐ Yes Name:			HealthCare?
Do you speak any other languages?			_
☐ No ☐ Yes, please list			
Do you have any physical restrictions that v ☐ No ☐ Yes, please explain	· · · · · · · · · · · · · · · · · · ·	ions?	
Have you ever been convicted of any felon	y or misdemeanor criminal	offenses?	
☐ No ☐ Yes, please explain			



# Feel free to answer questions on a separate document and include with application packet.

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 and skills do you have that would make you a great asset to the "Sharp Experience"?
Write about a time when you made a positive first impression:
Describe how you express gratitude and appreciation, or how you recognize the accomplishments of others?
What are your career goals?



# **Volunteer Positions:**

Please check all positions that interest you:

		riease C	neck an position	JIIS tilat lilter	est you.		
Patient Support:			Customer Servi	Dep	<b>Department Support:</b>		
☐ Barnh	art Cancer Cer	nter	☐ Ambassador Escort			Central Supply Runner	
☐ Birch Patrick Activities Aide ☐ Eme		☐ Emergen	cy Lobby Liais	on 🗆	Infusion Cen	ter Aide	
☐ Healing Touch / Reiki			☐ Gift Shop			Inpatient Aid	de
☐ Music for Healing			☐ Shuttle D	river		Maternity A	ide
☐ Patient Activity Companion		•	• ,	Center Aide		Pharmacy Runner	
		:	Specialty:			Surgical Serv	vices Aide
				trition Studen			
			•	nerapy Studen	t		
			Radiology S	Student			
			Volunteer	Cabadula			
Dloo	co chock all d	avs and time	s that may wo		wa can find v	ou the best s	hift.
Plea	se check all u	ays and time	S that may wo	rk for you so	we can iiiu y	ou the best s	ollill.
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
8-12							
Midday							
12-3							
Afternoons							
3-6							
Evenings 6-9							
0-9							
	Certif	fication: Pr	ospective St	udent Volu	nteer Signa	ature	
					inteen engine		
I certify that	the answers a	given by me	to the foregoin	ng statement	s are correct	and without	omissions.
authorize Sh	arp Chula V	ista Auxiliary	y and/or Hosp	oital to inves	stigate the f	oregoing, ar	nd any othe
information,	which might	assist them i	in determining	my qualifica	tions for volu	unteering. I i	release Sharp
Chula Vista A	uxiliary and I	Medical Cent	er and my form	mer employe	rs from any l	iability for da	image, which
may result fr	om any such	investigation	n. If <i>,</i> upon inv	estigation ar	nything conta	ined in this	application is
			I be subject to		•	_	•
	_	=	in the United		· ·		nce with the
Immigration	Reform Act o	f 1986. I cert	tify the above i	s true to the	best of my kr	nowledge.	
Signature of	fapplicant:				Da	ate:	



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# **Recommendation Form for Student Volunteers**

Student volunteer applicants must submit this Recommendation Form completed 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 in a leadership role who can attest to your qualifications and abilities. This form may not be filled out by friends, parents, or relatives.

# THIS PORTION IS TO BE FILLED OUT BY APPLICANT

Name \_\_\_\_\_

Signature			Dat	te
THIS	PORTION	N IS TO B	E FILLED	O OUT BY REFEREE
assisting with basic hospi confidential paperwork. Y responsibility, dependab appreciate your assistand	ital duties, such Volunteering a ility, and sound ce and value you elope, all inform carefully and	h as transpor t Sharp Chuld d ethical cond our assessme mation you p include any	ting equipments with a Vista Medical duct and is sign to of the cancerovide will be comments you	
	Strong	Average	Weak	Comments
Integrity				
Reliability				
Responsibility				
Personality				
Friendliness				
Punctuality				
Your overall recommen	idation (10 beii	ng highly reco	ommend):	
Strengths:				
Weaknesses:				
How long have you know	n applicant:			
Additional comments:				
Print name:		Signatur	e:	Date:
		For any	questions, cor	ntact:

Sharp Chula Vista Volunteer Services
Office: (619) 502-3606

Email: <a href="mailto:scv.volunteers@sharp.com">scv.volunteers@sharp.com</a>