



**APPLICATION FOR MEMBERSHIP**

Please print and fill out this form, and mail, fax, or deliver to  
 Volunteer Services, Santa Barbara Cottage Hospital  
 Pueblo and Bath Streets, PO Box 689  
 Santa Barbara CA 93102  
 805/569-7357 Fax 805/682-8423

<hr/>	<hr/>	<hr/>
Last Name	First Name	Spouse's First Name
<hr/>		
Address		
<hr/>		
City		ZIP Code
<hr/>		<hr/>
Telephone		E-mail
<hr/>		<hr/>
Date of Birth		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<hr/>		<hr/>
Emergency contact		Phone
<hr/>		<hr/>

**REFERENCES**

Name	Relationship	Telephone

Uniforms are available for purchase in the Auxiliary Office. Please make a check payable to *Cottage Hospital Auxiliary*. Purchase of uniform and payment of dues required before permanent assignment.

<u>Types of Membership</u>	<u>Annual Dues</u>
Active Adult	\$10
College Student	\$5
Associate/Sustaining	\$25 or more

<u>Uniforms</u>	
Jacket	\$15
Blazer (on loan)	\$15

**FOR OFFICE USE ONLY:**

- Interviewer \_\_\_\_\_ Date: \_\_\_\_\_
- Assigned Area \_\_\_\_\_
- Badge \_\_\_\_\_
- Employee Health Approval Results Received Date: \_\_\_\_\_
- Confidentiality Agreement
- Orientation Date: \_\_\_\_\_
- Dues Paid Date: \_\_\_\_\_
- Uniform Paid Date: \_\_\_\_\_
- Therapy Dog Qualifications (if applicable)
  - Vet Report
  - TDI/Love on a Leash Certification

Please mark the times you are available to volunteer:

Approximate Times	SUN	MON	TUE	WED	THU	FRI	SAT
8 am–12 pm							
12 pm–4 pm							
4 pm–8 pm							
8 pm–12 am							

Foreign Language Skills \_\_\_\_\_

Other Education or Special Training \_\_\_\_\_

Are you currently employed?  Yes  No If so, where? \_\_\_\_\_

Are you attending school?  Yes  No If so, where? \_\_\_\_\_

Please check the area(s) that interest you:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admitting Charts      | <input type="checkbox"/> Gift Shop            | <input type="checkbox"/> Patient Care         |
| <input type="checkbox"/> Adventures in Caring  | <input type="checkbox"/> ICU                  | <input type="checkbox"/> Pediatrics           |
| <input type="checkbox"/> Caring Hands (Sewing) | <input type="checkbox"/> Information Desk     | <input type="checkbox"/> Pet-Assisted Therapy |
| <input type="checkbox"/> Clerical              | <input type="checkbox"/> Laboratory           | <input type="checkbox"/> Pre-Surgical         |
| <input type="checkbox"/> Compassionate Care    | <input type="checkbox"/> Library (Medical)    | <input type="checkbox"/> Public Affairs       |
| <input type="checkbox"/> Critical Care Unit    | <input type="checkbox"/> Library (Patients)   | <input type="checkbox"/> Special Events       |
| <input type="checkbox"/> Docent                | <input type="checkbox"/> Lifeline Services    | <input type="checkbox"/> Stitch & Sew         |
| <input type="checkbox"/> Emergency Department  | <input type="checkbox"/> Menu                 | <input type="checkbox"/> Surgery Information  |
| <input type="checkbox"/> Escort                | <input type="checkbox"/> NICU (Neonatal Unit) | <input type="checkbox"/> Translations         |
| <input type="checkbox"/> Eye Center            | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Tray Favors          |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> O.B. (M.I./L.&D.)    | <input type="checkbox"/> Unit Volunteer       |

Have you been convicted of a felony in the last 10 years?  Yes  No  
(A conviction will not disqualify you from volunteering)

Are you able to perform essential functions WITHOUT accommodations?  Yes  No  
If No, Please Describe:

\_\_\_\_\_



I understand and agree that in performing my service as a volunteer of Santa Barbara Cottage Hospital I must hold patient and other confidential information in confidence. I understand that any violation would be grounds for disciplinary action.

I am volunteering my services to Santa Barbara Cottage Hospital solely for my personal purposes or benefit without promise or expectation of compensation or benefits. I agree to serve as a volunteer without salary for a period of 50 hours or more.

I declare that all of the statements in this application are true, correct, and complete to the best of my knowledge and authorize Santa Barbara Cottage Hospital to investigate any statements in determining my eligibility for a volunteer position. I understand that falsification or material omission on this application is grounds for rejection of my application or my dismissal from volunteering. I acknowledge that the continuation of my volunteer position is at the consent of the volunteer and the hospital. This volunteer position is terminable at will by either party.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_