

# Guild of Placentia-Linda Hospital Application

Male  Female Are you over the age of 18?  Yes  No

\_\_\_\_\_  
Last Name (print) First Name (print) M.I.

\_\_\_\_\_  
Home Address City Zip Code

\_\_\_\_\_  
Home Phone # Cell Phone # Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Primary E-Mail Address How did you hear about us?

\_\_\_\_\_  
Local Emergency Contact Home Phone # Cell Phone #

Were you referred by a Guild member?  Yes  No \_\_\_\_\_  
If so, who may we thank?

\_\_\_\_\_  
I am interested in volunteering for the following reason(s):

\_\_\_\_\_  
I bring the following work/volunteer experience and skills:

Foreign language spoken fluently:  Spanish  Other \_\_\_\_\_

Do you have any physical or mental conditions which would cause you to be unable to perform any of the duties for which you are applying?  Yes  No

Days Preferred:

Monday through Friday: Day Request \_\_\_\_\_  Morning (8:00 am to Noon)  
 Afternoon (Noon to 4:00 pm)  
 Evenings

Weekends  Holidays

Would you be willing to volunteer during a disaster?  Yes  No

## Volunteer Pledge

- I promise to uphold the standards and tradition of Placentia-Linda Hospital.
- I promise to be punctual and conscientious in the fulfillment of my duties and accept supervision graciously in order to make my work of the highest quality.
- I promise to conduct myself with dignity, courtesy and consideration at all times.
- I promise to consider all information regarding patients, physicians, members of the staff or other volunteers confidential.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Guild Representative Date