

**USC Arcadia Hospital**  
**Application for Adult Volunteer Services**

APPLICATION MUST BE FULLY COMPLETED FOR CONSIDERATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. Month/Day/Year  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell Number \_\_\_\_\_

I am interested in:

Have you ever been an employee at USC Arcadia Hospital? Yes  No

If yes, when? \_\_\_\_\_

Have you ever applied to volunteer at USC Arcadia Hospital before? Yes  No

If yes, when? \_\_\_\_\_

Have you had volunteer experience? Yes  No  Previous volunteer experience:

\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Name of College presently attending \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Date of employment \_\_\_\_\_ Position \_\_\_\_\_

If retired, what was your former occupation or business? \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (You may exclude convictions for which the record has been judicially ordered sealed, expunged, dismissed, or statutorily eradicated, and/or any marijuana-related convictions that are more than two years old.) \_\_\_\_\_  
\_\_\_\_\_

Have you been arrested for a crime for which you are currently out on bail or on your own recognizance pending trial? \_\_\_\_\_

Have you ever been arrested for a sex-related offense as specified in Cal. Penal Code 290? \_\_\_\_\_

Have you ever been arrested for a drug-related offense? \_\_\_\_\_

If the answers to any of these questions is yes, provide dates and relevant information.

\_\_\_\_\_

**(TURN OVER)**

**Time Available:** (Please indicate time you are available to serve) Please note that Adult Volunteer shifts take place between 9-4pm Monday-Friday.  
*Evenings and weekends available in the Emergency Department only.*

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| From:  | From:  | From:   | From:     | From:    | From:  | From:    |
| To:    | To:    | To:     | To:       | To:      | To:    | To:      |

Are there any work activities or conditions you must avoid? \_\_\_\_\_

Personal Reference \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Address Telephone

Area of Service you are interested in (Admitting Desk, Information Desk, Shuttle Driver, Gift Shop, Nursing Floors, Emergency Department, Surgical Waiting Area, Rehab Unit, Music Therapy, Clerical) list below:

\_\_\_\_\_

Additional Skills/Comments:

\_\_\_\_\_

Please give any other information you feel would be pertinent to your application:

\_\_\_\_\_

*The volunteer service department is not obligated to provide a 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. The above information is accurate and correct to the best of my knowledge.*

By signing below, you are aware and agree to the minimum requirement of 150 hours of service to receive a letter of recommendation or verification of hours.

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

Please contact Volunteer Program Coordinator with any questions  
 (626) 821.2325 ♦ lindsey.manschreck@med.usc.edu ♦

**USC Arcadia Hospital Volunteer Services Department**  
 300 W. Huntington Drive - Arcadia, 91007