



SHARP CHULA VISTA AUXILIARY
ADULT 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. Must be at least 18 years old, and not a student pursuing higher education.

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.

APPLICATION and ONBOARDING PROCESS:

1. **APPLICATION:**

- a. Return the completed application to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated.
- 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 scv.volunteers@sharp.com.

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



SHARP CHULA VISTA AUXILIARY ADULT VOLUNTEER APPLICATION AGES: 18 AND OVER, NON-STUDENTS	For office use only:	
	Date received _____	Vsys entered _____
	Date contacted _____	Interview date _____
	Vsys updated _____	Pin # _____

Name _____ Email _____

Address _____ City _____ Zip _____

Primary phone _____ Indicate phone type: Mobile Home

Birthday month and day _____ / _____ How did you hear about us? _____

Work Experience: List current and past experience, name of organization and dates of service.

Volunteer Experience: List current and past experience, name of organization and dates of service.

Education: List highest degree held:

Certifications, special skills or training:

Other activities, hobbies, clubs:

Person to notify in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Do you have any family members or friends currently working or volunteering for Sharp HealthCare?

No Yes

Name: _____ Department: _____ Relationship: _____

Do you speak any other languages?

No Yes, please list _____

Do you have any physical restrictions that would require accommodations?

No Yes, please explain _____

Have you ever been convicted of any felony 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? (if applicable)



Volunteer Positions:

Please check all positions that interest you:

Patient Support:

- Barnhart Cancer Center
- Birch Patrick Activities Aide
- Healing Touch / Reiki
- Music for Healing
- Patient Activity Companion

Customer Service:

- Ambassador Escort
- Emergency Lobby Liaison
- Gift Shop
- Shuttle Driver
- Surgery Center Aide

Department Support:

- Central Supply Runner
- Infusion Center Aide
- Inpatient Aide
- Maternity Aide
- Pharmacy Runner
- Surgical Services Aide

Specialty:

- Knit & Crochet Circle
- Mended Hearts
- Pet Therapy

Volunteer Schedule:

Please check all days and times that may work for you so we can find you the best shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 8-12							
Midday 12-3							
Afternoons 3-6							
Evenings 6-9							

Certification: Prospective Volunteer Signature

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Chula Vista Auxiliary and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. I release Sharp Chula Vista Auxiliary and Medical Center and my former employers from any liability for damage, which may result from any such investigation. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986. I certify the above is true to the best of my knowledge.

Signature of applicant: _____ Date: _____