

**MOUNTAINS COMMUNITY HOSPITAL AUXILIARY
Volunteer Application Form**

Do you have family members who work for Mountains Community Hospital? If so, please note their names and relationship to you _____

What days and times are you available to volunteer?

Please circle:

Monday Tuesday Wednesday Thursday Friday
am pm am pm am pm am pm am pm Other _____

Please check your areas of interest:

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Boo Bears | <input type="checkbox"/> Inventory |
| <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Rose Garden | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ER | <input type="checkbox"/> Front Office | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Patient Satisfaction Calls |

Note: Positions assigned upon availability

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____
Do you have any charges pending against you that are unresolved? Yes _____ No _____
If yes, state circumstances, place(s) date(s) _____ _____ _____

The above information is accurate and complete to the best of my knowledge.

A mandatory background check will be conducted in order to complete the application process.

Signature _____

Date _____

**Mail Completed form to: MCH Hospital Auxiliary
Attn: Membership
PO Box 813
Lake Arrowhead, CA 92352**

**Or drop application off at the Hospital
Gift Shop:
29101 Hospital Road
Lake Arrowhead, CA 92352**

We will contact you regarding the opportunity of volunteering at Mountains Community Hospital within 7-10 business days of receipt of your application.

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Office use only: Application Process: Please initial and date

Completed application received _____ Background check received and approved _____ Interview completed _____
Tour of facility completed _____ Check received _____ Hospital orientation completed _____
TB test completed _____ Update volunteer list completed _____ Information forwarded for Newsletter _____