



Thank you for your interest in volunteering at UC Davis Health System.

We offer a wide variety of volunteer opportunities for you to choose from. Volunteers are part of the health team at UC Davis Health System and we are looking for people who are willing to make a firm commitment of their time and talents to our volunteer program.

Please review the volunteer requirements on the Web site. If you are ready to get involved at this time, please fill out the application, print it and mail to:

**UC Davis Health System Volunteer Services**  
2330 ½ Stockton Boulevard  
Sacramento, California 95817

We will mail you information for our next mandatory orientation following the return of the application to us.

UC Davis students please contact UC Davis Internship & Career office at (530) 752-2823 for placement information.

We appreciate your interest in our volunteer program and your willingness to give your time and energy.

Sincerely,

UC Davis Health System Volunteer Services  
(916) 734-2401  
[volunteer.services@ucdmc.ucdavis.edu](mailto:volunteer.services@ucdmc.ucdavis.edu)

UNIVERSITY OF CALIFORNIA, DAVIS, HEALTH SYSTEM  
VOLUNTEER SERVICES

PLEASE PRINT

DATE \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Initial

HOME ADDRESS \_\_\_\_\_  
Street (include apartment number) City State Zip

E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY: Name \_\_\_\_\_

\_\_\_\_\_  
Relation Home Telephone Work Telephone

Volunteer Area Preference: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Time Available: Days \_\_\_\_\_ Hours \_\_\_\_\_

How did you hear about volunteering at UC Davis Health System?

employee  volunteer  friend  just called  just knew  relative  high school  college   
other \_\_\_\_\_

What skills can you offer while volunteering?

I would like to volunteer at UC Davis Health System because (**CHECK ONE ONLY**):

- I want to help patients/hospital  
 I am looking for job experience  
 I am/will be a student/doing career exploration

Have you volunteered at UC Davis Medical Center before? \_\_\_\_\_ Date(s) \_\_\_\_\_

FOR STUDENTS: Name of School \_\_\_\_\_

\_\_\_\_\_  
(Providing this data is voluntary. Noncompletion of this section will not preclude, enhance or detract from your opportunity to volunteer with the UC Davis Health System.)

DATE OF BIRTH \_\_\_\_\_ M/F \_\_\_\_\_

RACE/ETHNICITY (Please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan native                           | <input type="checkbox"/> Other Asian (Including Far East, Korea, Southeast Asia or Pacific Islands, Samoa) |
| <input type="checkbox"/> Black/African American (Not of hispanic origin)          | <input type="checkbox"/> Chinese/Chinese American  |
| <input type="checkbox"/> Latin American/Latino (Including Cuban and Puerto Rican) | <input type="checkbox"/> East Indian/Pakistani   |
| <input type="checkbox"/> Mexican/Mexican American                                 | <input type="checkbox"/> Filipino/Pilipino   |
| <input type="checkbox"/> Other Spanish/Spanish American                           | <input type="checkbox"/> Japanese/Japanese American  |
|   | <input type="checkbox"/> White/Caucasian (Including the Middle East)                                       |

I AM WILLING TO UPHOLD THE PURPOSE OF VOLUNTEER SERVICES which is to render service and support to the hospital, patients, and community served by the University of California, Davis, Health System, in accordance with the objectives established by that institution. IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient. MY SERVICES ARE DONATED to the hospital without payment or promise of future employment. FURTHER, I AGREE THAT I will sign in and out in the appropriate method for all hours volunteered.

UC DAVIS HEALTH SYSTEM provides medical treatment coverage for a volunteer who sustains an injury/illness in the scope of providing volunteer services to UC DAVIS HEALTH SYSTEM. Primary care treatment will be provided by Employee Health Services.

Volunteer Services Department reserves the right to release a Volunteer for:

- ! Failure to comply with hospital policies, rules and regulations.
- ! Unsatisfactory attitude, work or appearance.
- ! Continuous absences without prior notification
- ! Breach of confidentiality.

Have you been convicted of a felony or a misdemeanor which resulted in imprisonment?  Yes  No  
Please explain circumstances, places and dates.

\_\_\_\_\_  
Signature

Please list employment, school or volunteer activities for the past five years.

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### OFFICE USE ONLY

Placement Orientation Date: \_\_\_\_\_

Department Name \_\_\_\_\_ Cost Center/Code \_\_\_\_\_ Pay Code \_\_\_\_\_

S M T W Th F Sa / Time \_\_\_\_\_ First working day \_\_\_\_\_

Individual placement: Y N Send letter: Y N

2nd Placement

Department Name \_\_\_\_\_ Cost Center/Code \_\_\_\_\_ Pay Code \_\_\_\_\_

S M T W Th F Sa / Time \_\_\_\_\_ First working day \_\_\_\_\_

Waiting List #1

Department Name \_\_\_\_\_

Day preferred, if any: S M T W Th F Sa

Time preferred, if any \_\_\_\_\_

Waiting List #2

Department Name \_\_\_\_\_

Day preferred, if any: S M T W Th F Sa

Time preferred, if any \_\_\_\_\_