



Patient Care Volunteer Application

Name: Last	First	Middle
S.S.#		Date of birth (MM/DD/YYYY)
Phone: Business	Home	Cell
Fax.#		E-mail address
What is your preferred form of communication? (Please number 1-4) <div style="text-align: right;"> Business phone _____ Home phone _____ Cell phone _____ E-mail _____ </div>		
Your professional specialty		
Professional school attended		Year of Graduation
Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what year did you retire?		

Mailing Address	Street		
City	State	Zip Code	County

Upon receipt of your application, we will contact you or your designee to discuss arrangements. If applicable, please provide the name of someone who can act as a liaison between you and San José Clinic.

Designated Liaison/ Office Assistant:	Name	Phone #	E-mail
--	------	---------	--------

Emergency Contact	Name	Relationship
Daytime phone #		Cell phone #

Have you ever volunteered your professional services? Yes No
 If "yes", please fill in the information below: (You may use the back, if needed.)

Company's Name	Month and year-- Start date: _____ Finish date: _____	
Services provided		
Supervisor's name	Phone number	E-mail address
May we contact your previous volunteer supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain:	
Are you CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you ACLS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received the Hep B Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been tested for TB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what languages do you speak?	
Are you required to do volunteer service hours by a court order? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", why?	

