



Kaiser Permanente Volunteer Program

Antelope Valley

Interested in becoming a volunteer or know someone who is?
Become a member of our Thriving team!

For more information contact:

Angelique Westfall, Volunteer Services Coordinator

Phone: 661-723-2842

Email: Angelique.X.Westfall@kp.org



VOLUNTEER APPLICATION

Dear Applicant:

Thank you for your interest in the Volunteer Program at the Kaiser Permanente Antelope Valley Medical Offices. We welcome interested and enthusiastic people of all backgrounds and abilities to serve as volunteers.

We kindly want to remind you that volunteering is NOT an open door to employment. We are looking for those volunteers who truly want to commit hours of service to Kaiser Permanente without the expectation of employment.

Program requirements:

- Must be at least 15 years of age
- Commitment to a minimum of 4 hours a week
- Commitment to stay with the program for at least 100 hours (approximately 6 months)
- Professional Behavior
- Positive Attitude: An eagerness to be of service

The process to become a volunteer is as follows:

- Completing a volunteer application in its entirety (missing or incomplete information will delay your application from further review)
- You will be contacted to schedule an interview if your application is accepted following first round review
- If accepted into the program, you will be contacted to complete a health screening questionnaire
- You will be required to pass a background check and medical clearance which includes a two-step PPD as well as blood work to test immunity levels
- You will be required to attend a mandatory orientation on a specified date
- A tentative schedule and starting date will be discussed on your first day

If you have any questions, please give us a call at (661) 723-2842. We again appreciate your interest in our program and your gift of time to the members and staff of Kaiser Permanente.

Sincerely,
Angelique Westfall
Consultant / Volunteer Services Coordinator
Medical Group Administration
661-723-2842 / Angelique.X.Westfall@kp.org

Please print clearly and complete this form in its entirety.

Date _____

Name _____ Home
First Middle Last

Phone _____

Street Address _____ Cellular

Phone _____

City, State, Zip _____

Sex (circle one) Male OR Female E-mail Address _____

Are you willing and able to commit to a regularly scheduled 4 hour shift each week? Yes No

Are you willing and able to commit 100 hours or 6 months of service to Kaiser Permanente? Yes No

In order to evaluate your application and determine whether we will be able to offer you a place on our team, we would like to get to know you better. As you answer the questions below, please feel free to attach additional pages if needed. We also encourage you to include a resume, letter of reference or any other document(s) that may help support your application.

Please share with us why you would like to volunteer at Kaiser Permanente Antelope Valley Medical Offices:

Please describe for us a time when you have interacted with someone who was ill, recovering from surgery or recovering from mental illness. What were your challenges and successes?

Do you have previous volunteer experience? If yes, please share your experiences. If no, please share life/work experiences that will help you succeed as a volunteer in a medical office setting.

What experience do you wish to gain while participating in the Kaiser Permanente Volunteer Program?

What tasks or departments are of interest to you?

Do you have any special skills, talents or interests you would be willing to share with us?

PLEASE EMAIL, MAIL OR HAND-DELIVER COMPLETED FORM TO:

**Kaiser Permanente Antelope Valley Medical Offices
Volunteer Services Department Attn: Angelique Westfall
615 West Avenue L
Lancaster, CA 93534
661-723-2842 / Angelique.X.Westfall@KP.org**


KAISER PERMANENTE®
ANTELOPE VALLEY MEDICAL OFFICES
VOLUNTEER SERVICES APPLICATION
(PLEASE PRINT IN BLUE OR BLACK INK)

TO THE APPLICANT: KAISER FOUNDATION HEALTH PLAN, INC., KAISER FOUNDATION HOSPITALS (TOGETHER KFHP/H), KFHP/H'S SUBSIDIARIES, SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, AND THE PERMANENTE MEDICAL GROUP, INC. ("KAISER PERMANENTE") ARE EQUAL OPPORTUNITY VOLUNTEER ORGANIZATIONS. KAISER PERMANENTE MAKES VOLUNTEER PLACEMENT DECISIONS BASED ON QUALIFICATIONS ONLY WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, VETERAN STATUS, OR OTHER NON-JOB RELATED FACTORS PROHIBITED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS. KAISER PERMANENTE PROVIDES APPLICANTS WHO HAVE DISABILITIES WITH REASONABLE ACCOMMODATION TO ASSIST IN THE INTERVIEW/VOLUNTEERING PROCESS. APPLICANTS REQUIRING ACCOMMODATION SHOULD CONTACT THE VOLUNTEER DIRECTORS OFFICE. KAISER PERMANENTE IS A SMOKE-FREE WORKPLACE. THIS DOCUMENT MUST BE

PERSONAL DATA

NAME (LAST) (MIDDLE)	(FIRST)	TODAY'S DATE
ADDRESS (NUMBER) (APARTMENT #)	(STREET)	HOME / CELL TELEPHONE ()
CITY ZIP CODE	STATE	

EMAIL

EMERGENCY CONTACT PERSONS (NAMES AND TELEPHONE NUMBERS)

1)

2)

HOW DID YOU HEAR ABOUT THE AVMC KAISER PERMANENTE VOLUNTEER SERVICES PROGRAM?

FRIEND
 PRESENTATION
 BROCHURE
 KAISER PERMANENTE EMPLOYEE
 OTHER: _____

HAVE YOU EVER BEEN EMPLOYED BY KAISER PERMANENTE OR ANY OTHER KAISER	IF YES, NAME OF FACILITY OR ORGANIZATION	WHEN
WHERE	POSITION HELD	NAME USED

DO YOU HAVE RELATIVES WORKING FOR KAISER PERMANENTE? IF YES, INDICATE NAME, RELATIONSHIP, DEPARTMENT, LOCATION

YES **NO**

WHY DO YOU WANT TO VOLUNTEER?

PERSONAL FULFILLMENT
 COURT ORDERED COMMUNITY SERVICES
 OTHER: _____

REFERENCES
(NON-RELATIVES)

NAME	TELEPHONE NUMBER	HOW DOES THIS PERSON KNOW YOU	OCCUPATION
NAME	TELEPHONE NUMBER	HOW DOES THIS PERSON KNOW YOU	OCCUPATION

VOLUNTEER AVAILABILITY

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

EMPLOYMENT & VOLUNTEER EXPERIENCE

LIST CURRENT AND PREVIOUS WORK EXPERIENCE (INCLUDE VOLUNTEER WORK)

COMPANY NAME / ADDRESS /	DATES EMPLOYED	JOB TITLE AND DUTIES PERFORMED
	FROM: TO:	TITLE: DUTIES:
	FROM: TO:	TITLE: DUTIES:
	FROM: TO:	TITLE: DUTIES:
	FROM: TO:	TITLE: DUTIES:

LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)

LANGUAGE	READS	WRITES	SPEAKS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERICAN SIGN LANGUAGE (SIGN)		<input type="checkbox"/> YES	<input type="checkbox"/>

SKILLS

PLEASE CHECK ANY SKILLS THAT YOU POSSESS

<input type="checkbox"/> TYPING	WORDS PER MINUTE	NUMBER OF SEMESTERS
<input type="checkbox"/> COMPUTER SKILLS	TYPE OF SOFTWARE USED (CHECK ALL THAT APPLY <u>AND</u> INDICATE SKILL LEVEL BELOW)	
	INDICATE SKILL LEVEL: BEGINNING (B), INTERMEDIATE (I), OR ADVANCED (A)	
	<input type="checkbox"/> EXCEL <input type="checkbox"/> MICROSOFT WORD <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS	
<input type="checkbox"/> OTHER SKILLS		

SKILLS, INTERESTS, AND HOBBIES:



AUTHORIZATION TO PROVIDE BACKGROUND CHECK REPORT AND RELEASE

I understand that, in connection with my desire to be a volunteer at Kaiser Permanente ("Company"), I have been asked to authorize First Advantage to provide a background check report about me to the Company. I hereby voluntarily authorize First Advantage to prepare and provide a background check report to the Company that discloses any criminal convictions, any pending arrests for which I am out on bail or on my own recognizance pending trial, any listing as an excluded individual or registered sex offender, or other information requested by the Company to determine my suitability as a volunteer. I understand that passing a background check is a condition of serving as a volunteer at Kaiser Permanente and voluntarily agree to this background check in order to volunteer at Kaiser Permanente.

I hereby also authorize any person, business entity or governmental agency that may have information about me to disclose the information to the Company, by and through First Advantage.

I hereby release the Company, First Advantage, and each of their respective parent, subsidiary, and affiliate organizations, and each of their officers, directors, agents, representatives and employees, and any and all persons, business entities and governmental agencies, from any and all liability, claims and/or demands of whatever kind arising out of or relating in any way to the providing of information and/or assisting with the compilation or preparation of the background check report I have authorized.

SIGNATURE _____ DATE _____

Please provide the following information for the purpose of obtaining the background check report:

FULL NAME (as it appears on your driver's license): _____

ALIAS/AKA/MAIDEN NAMES (include time frame used): _____

Please provide your residential addresses and mailing addresses (if different) for the last seven years, beginning

Street Address City, State Zip Code	Residency Start Date	Residency End Date

CURRENT HOME TELEPHONE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____