

Today's Date: _____

Birth Date: _____

Camarillo Health Care District

Email Address: _____

3639 E. LAS POSAS RD., BUILDING E, SUITE 117 - CAMARILLO, CA 93010
(805) 388-1952

VOLUNTEER APPLICATION FORM

I. Name: _____

Address: _____

City _____ ST _____ ZIP _____

Telephone: Home: () _____ Cell: () _____

II. VOLUNTEER EXPERIENCE *Please list previous agencies, clubs or organizations.*

Name: _____ Phone: _____

Yrs. of Service: _____

Name: _____ Phone: _____

Yrs. of Service: _____

III. REFERENCES

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

IV. EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

V. AVAILABILITY: *Please note the days and times you are available.*

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Hours</i>							

Ongoing Volunteer Opportunities

Please check any/all categories that interest you.

- Meal Delivery to Homebound Seniors**
Route Driver Free training required and provided. You can make a significant difference in someone's life delivering meals as well as delivering friendship and connection. You will spend approximately 1-2 hours one morning a week to deliver on a specific route. Means of transportation required.
- Senior Lunch Meal Site** Assist as host/hostesses and food server for approximately 50 guests. Help with set up and clean up. This takes place on the 3rd Thursday of each month.
- Adult Day Center** Interact with our participants through arts and crafts, meal preparation, and other activities. And/or share a special skill or talent.
- Healthy Attitudes Magazine** Distribute copies to local venues one every three months.
- Produce Day** Display, distribute, and organize free produce for community residents of all ages. This takes place on the 2nd Thursday of each month.
- Facilities of Health Improvement Classes**
Health Self-Management Workshop Leaders Free training required and provided. Utilize innovative, evidence-based learning models to help others improve and maximize their health status. Topics include fall prevention, diabetes, chronic pain, memory impairment or similar illnesses.
- Senior Support Line 1-800-235-9980**
Senior Support Line Listener Free training required and provided. Compassionate and empathetic telephone contact with callers at risk of isolation, loneliness and loss of independence, and who are in need of emotional support, information and resources. Monitor a toll-free number available to Ventura County residents age 60 and over.
- Attention Student Volunteers!** Join our Youth Leadership Program this summer and earn community service hours.

Your gifts, talents and skills are exactly what this community needs! If you would like to become a partner with the award-winning Camarillo Health Care District, please contact us anytime.

We look forward to hearing from you!

For more information on availability, contact Monica (805) 388-1952 ext. 112 or email at Monicat@camhealth.com

VOLUNTEER SERVICE REQUIREMENTS: TUBERCULOSIS (TB) TESTING, FINGERPRINTING, BACKGROUND CHECK, DRIVER'S LICENSE AND PROOF OF INSURANCE ARE REQUIRED FOR CERTAIN ASSIGNMENTS. TRAINING IS PROVIDED.

CAMARILLO HEALTH CARE DISTRICT

Emergency Notification

In the case of an emergency, please notify the following:

(Please Print)

Emergency Contact(s):

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Physician's Name: _____

Phone: (____) ____ - ____

Additional Medical Information (allergies, medications, etc.) (Optional):

Signature: _____

Date: _____

CAMARILLO HEALTH CARE DISTRICT

Publicity Release Consent

The undersigned hereby authorizes “NEWS MEDIA” and Camarillo Health Care District to photograph, film, and/or interview, or permit others to photograph, film, and/or interview.

Name (please print)

The undersigned also agrees that the “News Media” and CHCD may use the negatives or prints prepared for the purpose of publicity, slide presentations to the community, brochures, bulletin boards, and similar purposes.

Signed (participant)

Date

Guardian (if under 18 yrs.)

Date

CAMARILLO HEALTH CARE DISTRICT

Consent for Minor To Participate in Volunteer Activities

This will authorize _____, a minor,
to participate in such volunteer activities at the
Camarillo Health Care District as may, from time to
time, be prescribed by the Community Services
Manager or designated representative.

We release the Camarillo Health Care District from
any claim or liability for any injury or illness
resulting to said minor, not occasioned by any fault
or neglect on the part of the District while
participating in such volunteer activities.

Parent/Guardian Consent:

(It is necessary for both parents/guardians to sign)

Signature

Date

Signature

Date

CAMARILLO HEALTH CARE DISTRICT

VOLUNTEER COVENANT OF CONFIDENTIALITY

I _____ understand that as a volunteer for the Camarillo Health Care District, that all information concerning our clients is to be kept confidential.

I understand that without a specific written "Release of Information Form" signed by the client, I may not disclose to anyone that the Camarillo Health Care District is providing services to that person.

I understand that this agreement may not apply in situations where my job classification renders me responsible by law to report child abuse and/or elder or dependent adult abuse, and/or to break confidentiality in situations where the client is in danger of harming him/herself or someone else. I understand that I am responsible to be aware of any such requirements of my profession.

Volunteer's Signature

Date Signed

Witness

Date