

Chinese Hospital - Student Volunteer Application. Please Return Form to:  
[ch\\_volunteers@chasf.org](mailto:ch_volunteers@chasf.org)

Last Name:  First Name:  Phone Number:   
Address:  Email:   
I prefer to be contacted by:  Phone  Email

**\*\*NOTE\*\*** You must complete an Information Session prior to applying.  
Date Information Session Completed:

**Education and Year of Graduation**

High School:   
College:   
Post-Grad:

**Skills: Check all that apply**

MS Word  MS Excel  MS PowerPoint  Graphic Design  
 Research  Writing  Filing/Data Collection  
 Cantonese  Mandarin  
In Chinese, I know how to:  Speak  Read  Write  Type  
Other: (Specify):

**Department Preference: (rank top 3)**

Human Resources  
 Cardiopulmonary Unit (CPU)  IT  Nursing  
 Clinics  Laboratory  Pharmacy  
 Education  Medical Records  Program Development  
 Fund Development  Medical Staff Office, PI  Radiology

**What do you hope to learn/ contribute/achieve by volunteering at Chinese Hospital? (50 words or less)**

Indicate if you are volunteering for any of the following reasons:

Extern  Community Service  School Related Specified:

**Availability: (check all that apply)**  M 8-12PM  T 8-12PM  W 8-12PM  TH 8-12PM  
# of hours you want to complete:   F 8-12PM  SA 8-12PM  
 M 1-5PM  T 1-5PM  W 1-5PM  TH 1-5PM  
Date you want to complete by:   F 1-5PM  SA 1-5PM

**Who to contact in case of an Emergency:**

Name:   
Relationship:   
Phone Number:   
I have received a copy of the Guidelines for Non-Employees and Physicians:  
Signature:  Date:

**For Office Use Only**

Department: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Days / Time: \_\_\_\_\_  
Notes: \_\_\_\_\_