

Chinese Hospital - Volunteer Application. Please Return Completed Form to:
ch_volunteers@chasf.org

Last Name: First Name: Phone Number:
Address: Email:

****NOTE**** You must complete an Information Session prior to applying.

Date Information Session Completed:

Education and Year of Graduation

High School: Year of Graduation:
College/Major: Year of Graduation:
Post-Grad: Year of Graduation:

Skills: Check all that apply

- MS Word MS Excel MS PowerPoint Writing
 Research Writing Filing/Data Collection
 Cantonese Mandarin

In Chinese, I know how to: Speak Read Write Type

Other: (Specify):

Department Preference: (rank top 3)

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

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

Availability: (check all that apply)

- M 8-12PM T 8-12PM W 8-12PM TH 8-12PM
Desired Start Date: F 8-12PM SA 8-12PM
of hours you want to complete: M 1-5PM T 1-5PM W 1-5PM TH 1-5PM
Last date of Service: F 1-5PM SA 1-5PM

Who to contact in case of an Emergency:

Name:
Relationship:
Phone Number:

Signature: Date:

For Office Use Only

Department: _____
Start Date: _____
End Date: _____
Days / Time: _____
Notes: _____