

**Little Company of Mary Hospital Torrance  
Volunteer Services**  
4101 Torrance Blvd.  
Torrance, CA 90503  
Tel. 310-543-6992  
Fax 310-543-5969

**Little Company of Mary San Pedro Hospital  
Volunteer Services**  
1300 W. Seventh St.  
San Pedro, CA 90732  
Tel. 310-241-4079  
Fax 310-514-5307



Little Company of Mary is committed to a policy of equal opportunity for all applicants for volunteer positions and all volunteers. Little Company of Mary does not discriminate against any applicant or volunteer based on, and considers each applicant and volunteer without regard to sex, race, color, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical disability, mental disability, or sexual orientation.

Date: _____ / _____ / _____			
Name Last:		First:	Middle:      Circle One: Title: Mr., Mrs., Ms.
Street Address:		Apt No.:	
City:		State:	Zip Code:
Phone: Area Code: (____) _____ - _____		e-mail Address: _____ @ _____	
Birth date: (optional)			
Present Employer:			
Address/City/Zip:		Phone:	
Position:		Work Hours:	
Emergency Contact:		Emergency Number: (    ) - _____	Relationship:
<b>Please answer accurately. We conduct background checks on candidates.</b>			
Have you ever been convicted of a felony or misdemeanor (excluding conviction for which the record has been sealed, expunged, eradicated, or judicially dismissed?) Yes ___ No ___ If yes, please explain when you were convicted and of what you were convicted. (A felony or misdemeanor conviction will not necessarily disqualify an applicant from being offered a volunteer position.)			
Have you ever been arrested for a drug or sex offense? Yes ___ No ___ If yes, please explain.			
Name of local reference: (not a relative)			
Phone:		Relationship:	
Are you currently attending school? Yes ___ No ___ If yes, name of school: (If in high school) <b>CLASS OF:</b>			
What are your reasons for volunteering?			

Previous volunteer experience:

Foreign Languages:

**VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION**

Believing that Little Company of Mary has need of my services as a volunteer, I agree:

To hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, families, physician, or personnel and will not seek confidential information in regard to a patient.

That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes an employment relationship or a contract of employment. I further understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment.

That if I accept a volunteer position, I will have a duty to be familiar with Little Company of Mary's rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future and I agree that I will comply with and follow these rules, standards, and policies.

To purchase and wear the designated volunteer uniform at all times when volunteering for the hospital.

I certify that the answers given by me to the foregoing information are true and without omissions. I authorize Little Company of Mary to investigate and /or verify any information, which would be applicable to determining my qualifications as a volunteer.

Any person who intentionally gives misleading or false information will be subject to immediate termination.

Applicant Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

**PARENT'S CONSENT**

For Youth volunteers (ages 15 – 18), parental consent is required

The information contained in this application is correct. I am aware of the various tasks that my daughter/son will be required to perform. My daughter/son has my permission to serve as a volunteer at Little Company of Mary.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_