



Sierra Nevada Memorial
Hospital Foundation

2022 VOLUNTEER INFORMATION

We invite you to join the SNMHF Outreach Team. Our mission is to enhance community healthcare through volunteerism and communication. We are honored by the generous participation of our volunteers who, through their time, talent, leadership, commitment and passion, enable us to better serve the healthcare needs of our community.

Name/Last		First		Date:	
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(Use legal name)

Address		Apt. #	
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City		State		Zip	
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Home Phone	()	Work Phone	()	Cell Phone	()
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Male / Female	Date of Birth		Physical Limitations	
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(Circle One)

(Month/Day)

(Be specific; if none, write none)

Email Address:	
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How did you hear about SNMHF? Why are you interested in volunteering with us?

VOLUNTEER EXPERIENCE (optional)

Interests, Skills, Hobbies	
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Clubs, Organizations you belong to	
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Have you volunteered before?	Yes	No	Organization(s)	
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Describe the work	
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Your availability:

Hours/week: _____

In Case of Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____



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I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS/ACTIVITIES I AM INTERESTED IN (SEE ATTACHED FOR DETAILED VOLUNTEER DESCRIPTIONS)

Events

- Event committee chairs
- Event committee member
- Starry, Starry Nights
- Martinis and a Movie
- SNMHF Golf Tournament
- Barbara Schmidt Millar Women’s Triathlon and 5K

Volunteer Assignments for Events

- Event decorations: construction, lighting, sewing, etc.
- Soliciting event sponsorships
- Event set-up
- Event clean-up
- Event food/beverage serving/plating
- Procure donated items for silent auctions and raffles
- Event silent auction and raffle assistance

Other SNMH Foundation volunteer needs

- Comfort Cuisine
- Office assistance
- Mailings: stuffing, sealing, stamping, etc.
- Hand address invitations, cards
- Create beaded Cancer Center bracelets
- Please contact me on **ALL** volunteer opportunities.

DRIVING INFORMATION

Only necessary if you are volunteering for a position that requires driving (i.e., transporting food or decorations) do you need to complete this form as SNMHF requires a valid driver’s license and proof of automobile insurance.

Are you able to use your automobile if the volunteer position requires one? Y/N

If you will be driving as a part of your volunteer position, please contact the SNMHF office to complete the appropriate form.

Please note: There is no need to reply to our notices unless you are able to help for that particular activity.

SNMH Foundation
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