



Sierra Nevada Memorial  
Hospital Foundation

## 2023 VOLUNTEER INFORMATION

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.

All information in this form will remain confidential and is for internal use only. This form is required by the SNMHF insurance providers for each volunteer at each event or project.

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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Date of Birth		Physical Limitations	
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Email Address:	
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How did you hear about SNMHF? Why are you interested in volunteering with us?

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**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: \_\_\_\_\_

**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 decor: construction, lighting, sewing, etc.
- \_\_\_ Soliciting event sponsorships
- \_\_\_ Event set-up
- \_\_\_ Event clean-up

- \_\_\_ Event food/beverage serving/plating
- \_\_\_ Event Bartending
- \_\_\_ 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.

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

**DRIVING INFORMATION**

Are you able to use your automobile if the volunteer position requires one? Y/N/NA \_\_\_ (If you indicated "Y", please fill out the section below and include a copy of your valid driver license and proof of insurance along with this application.

Insurance Carrier		Policy #	
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Driver License #		State of Issue		Exp. Date	
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**As a volunteer, I will immediately notify SNMHF if my driver license is restricted, suspended, revoked or expired.**

Signature of Applicant		Date	
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SNMH Foundation  
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