



PO Box 660
85 Sierra Park Road
Mammoth Lakes, CA 93546
760-924-4200
760-924-4006 Fax
www.mammothhospital.com

Reach Out and Read Volunteer Program

PERSONAL INFORMATION

Name _____ Date of Birth _____
(Last) (First) (Middle)

Your current physical address _____
(Street) (City) (State) (Zip code)

Your current mailing address _____
(If different from above) (PO Box or street) (City) (State) (Zip code)

Telephone number _____ Cell phone _____ E-mail address _____
(Area code) (Number) (Area code) (Number)

How did you hear about our program? _____

Have you ever been an employee or a volunteer at Mammoth Hospital? Yes No
If yes, please explain _____

What is your main objective while volunteering at Mammoth Hospital? _____

Do you speak, write, or understand any other languages? Yes No
Language(s): _____ Speak Write Understand

Are you currently enrolled in an academic program? If yes, please provide information about your current school or organization.

Academic and career goals: _____

Medical Experience: _____

Please identify areas or services that you find interesting and would like to explore:

- ER Surgery/Recovery Medical/Surgical Floor Radiology Laboratory Dietary Respiratory General Nursing
- Pediatrics Orthopedics Women's Health Family Medicine Internal Medicine Dentistry Physical Therapy

GENERAL

Have you ever committed a crime?

NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to volunteering. Each case will be considered on its own merits.

Yes No If yes, please describe circumstances: _____

Mammoth Hospital complies with all state and federal laws regarding discrimination on the basis of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, citizenship, age, marital status, physical or mental disability, or medical condition.

I hereby certify that the information contained on this application is true and complete. I hereby release the organization, and its employees for any claims or liability, physical injury, or mental anguish sustained by me as a result of my presence in the hospital, or clinical setting.

Signature/Date



Mammoth Hospital's Reach Out and Read Program

Mammoth Hospital's Reach Out and Read Program

Physicians prescribing books is the latest treatment for toddlers during their well-child check at Sierra Park Pediatrics under the Reach Out and Read program.

WE NEED VOLUNTEERS TO READ TO OUR PEDIATRIC PATIENTS

- Read to our pediatric patients in the pediatric clinic before they are seen for their appointment.
- Read to children whose parents are receiving treatment in:
 - * Sierra Park Clinics
 - * Emergency Department
 - * Med/Surg

WE NEED YOU AS A REACH OUT AND READ VOLUNTEER!!
JOIN THE PROGRAM TODAY AND HELP BRING LITERACY
INTO A CHILDS LIFE!