

Los Angeles Medical Center

VOLUNTEER SERVICES DEPARTMENT Volunteer Intake – Active Volunteers

Hello Volunteers

lame:	Phone:	Email:
1.	Are you interested in returning to volunteer at KP LAMC: Yes No Note: If you decide to discontinue the onboarding process, this will result in your REMOVAL from the program and we request that you turn in your badge & meal card. We are willing to provide you with a verification of hours, since your departure was due to COVID pandemic.	
2.	If you would like to return, please provide us with yo ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ 8:00 – Noon ☐ Noon – 4:00 pm ☐ 4	☐ Fri ☐ Sat ☐ Sun
Prid	or Role □ Red Vest □ Care Partner □ Care Extender □ Acoustic Remedy □ Chaplains □ Eucharistic □ Patient Advisory Council □ Peer 2 Peer Program	: Minister 🔲 Teen Program
Pr	or Department:	
3.	Would you like to change departments or role at this ☐ Yes ☐ No ☐ If Yes, please provide us with your top two ch 1	

We appreciate your prompt response to this email and the information request above. Should you have any questions, please do not hesitate to reach out to me via email.

With gratitude for you and your willingness to serve!