## Sierra Vista Regional Medical Center Food and Nutrition Department Volunteer Program

The volunteer program in the Food and Nutrition Department with Morrison Healthcare Foodservice at Sierra Vista Regional Medical Center will provide you experience working with patients on various modified diets, learning the functionality of a food service kitchen and a retail cafe, working with the diet office staff, food service staff and dietitians and various other duties within the department. If you are interested in volunteering with us and meet all of the requirements below, please fill out an application and submit to the department.

## Please only apply if you meet the following criteria:

- -Sophomore, Junior or Senior status in Applied Nutrition or Nutrition Science
- -Available for a 3-4 hour shift, 1x per week, for a minimum of 6 month commitment
- -Must pass physical, background check, drug screen and TB test performed by the hospital Human Resources Department
- -Must be able to attend a one-time, 8 hour hospital orientation on the 1<sup>st</sup> Wednesday of the month

Please return your **completed application and a current resume** to the food and nutrition department at Sierra Vista Regional Medical center, attention Kaitlin Welles or email your application and resume to <a href="Maitlin.welles@tenethealth.com">Kaitlin.welles@tenethealth.com</a> If your application is selected, you will be contacted for an interview. Once the interview process is complete, candidates will be selected and appointments for your prevolunteering screening and orientation will be scheduled.

Thank you for your interest in the Sierra Vista Regional Medical Center-Food and Nutrition Volunteer Program, we look forward to working with you.

## SIERRA VISTA REGIONAL MEDICAL CENTER NUTRITION VOLUNTEER APPLICATION

NAME	SOCIAL SEC	SOCIAL SECURITY #		
	PHONE #			
ADDRESS(Stree	t) (City)	(ZIP)		
E-MAIL	EMERGENCY CONTACT			
		me) (Phone #)		
WORK AND VOLUNTE		most regent experience		
Please list three current wo	rk or volunteer experiences, starting with the r	most recent experience.		
WORK EXPERIENCE #	1:			
EMPLOYER	START/END DATES (	Month/Year)		
	START/END DATES (			
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SUPERVISOR'S NAME/C	CONTACT INFO	(Phone #)		
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SUPERVISOR'S NAME/C DESCRIPTION OF DUTIE WORK EXPERIENCE #	(Name)	(Phone #)		
SUPERVISOR'S NAME/C DESCRIPTION OF DUTIF WORK EXPERIENCE #	CONTACT INFO (Name)  ES  2: START/END DATES (ACCONTACT INFO	(Phone #)  Month/Year)		
SUPERVISOR'S NAME/O  DESCRIPTION OF DUTIF  WORK EXPERIENCE #  EMPLOYER  SUPERVISOR'S NAME/O	CONTACT INFO (Name)  ES  2: START/END DATES (1)	(Phone #)  Month/Year)  (Phone #)		

WORK EXPERIENCE #3:		
EMPLOYER	START/END DATES (Month/Year)	
SUPERVISOR'S NAME/CONTACT INFO _		
	(Name)	(Phone #)
DESCRIPTION OF DUTIES		
		<del></del>
WORK EXPERIENCE #4:		
EMPLOYER	_ START/END DATES (Month/Year)	
SUPERVISOR'S NAME/CONTACT INFO _		
	(Name)	(Phone #)
DESCRIPTION OF DUTIES		
PROFESSIONAL REFERENCES: Please list two professional references (ex. Proknowledge and skill sets.	ofessors, college advisors) who can attest t	o your
PROFESSIONAL REFERENCE #1:		
NAME		
CONTACT INFO		
CONTACT INFO(Phone	e #, e-mail, or address)	
PROFESSIONAL REFERENCE #2:		
NAME		
CONTACT INFO(Phone		
(Phone	e #, e-mail, or address)	

 <b>Sophomore or higher</b> Status in Applied Nutrition or Nutrition Science Available a <b>minimum</b> of 3-4 <b>hours/1x per week</b> Willing to commit to a <b>minimum</b> of 6 months
ease write a concise explanation indicating why you would be a valuable, contributing nutrition lunteer at Sierra Vista Regional Medical Center:

PLEASE CHECK ALL THAT APPLY:

Signature	Date	

Thank you for your interest in applying to the nutrition volunteer program at Sierra Vista Regional Medical Center. We look forward to receiving your application.