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 1st 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 Kaitlin.welles@tenethealth.com 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 pre-volunteering 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

PERSONAL INFORMATION:

NAME ________________________________ SOCIAL SECURITY # ________________
DATE OF BIRTH _____________________ PHONE # _____________________________
ADDRESS _________________________________________________________________________
(Street)                                          (City)                                        (ZIP)
E-MAIL ____________________ EMERGENCY CONTACT ________________________________
                                          (Name)                     (Phone #)

WORK AND VOLUNTEER EXPERIENCE:
Please list three current work or volunteer experiences, starting with the most recent experience.

WORK EXPERIENCE #1:

EMPLOYER ___________________________ START/END DATES (Month/Year)_______________
SUPERVISOR’S NAME/CONTACT INFO _______________________________________________
                                          (Name)                     (Phone #)
DESCRIPTION OF DUTIES ___________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

WORK EXPERIENCE #2:

EMPLOYER ___________________________ START/END DATES (Month/Year)_______________
SUPERVISOR’S NAME/CONTACT INFO _______________________________________________
                                          (Name)                     (Phone #)
DESCRIPTION OF DUTIES ___________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
WORK EXPERIENCE #3:

EMPLOYER ___________________________  START/END DATES (Month/Year)_______________

SUPERVISOR’S NAME/CONTACT INFO _______________________________________________

(Name)                                                      (Phone #)

DESCRIPTION OF DUTIES ___________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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. Professors, college advisors) who can attest to your knowledge and skill sets.

PROFESSIONAL REFERENCE #1:

NAME_________________________________________________

CONTACT INFO ____________________________________________________________________

(Phone #, e-mail, or address)

PROFESSIONAL REFERENCE #2:

NAME_________________________________________________

CONTACT INFO ____________________________________________________________________

(Phone #, e-mail, or address)
PLEASE CHECK ALL THAT APPLY:

- Sophomore or higher Status in Applied Nutrition or Nutrition Science
- Available a minimum of 3-4 hours/ 1x per week
- Willing to commit to a minimum of 6 months

Please write a concise explanation indicating why you would be a valuable, contributing nutrition volunteer at Sierra Vista Regional Medical Center:

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.