

VOLUNTEER PROGRAM APPLICATION

Name: _____ Date: _____
(Last, First, MI)

Email Address: _____ Primary Phone: (____) _____

Street Address: _____ Secondary Phone: (____) _____

City/State/Zip: _____ Date Of Birth _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

INTEREST/SKILLS: Please check all useful volunteer skills:

- Answering telephones
- Lobby/Information Desk: Greet/Direct
- Other (please specify): _____
- Clerical: Filing, typing, data entry, etc.
- Hospitality: Assist with comforting the patients

Tell us about a situation when you identified an issue and worked with a team to find a solution

Describe what personal accountability means to you:

What motivated you to apply for UMC's Volunteer Program?

How did you hear about volunteer opportunities at UMC? _____

Have you ever served time in the military? Yes No

If yes, would you be interested in our veteran support program?

For Volunteer Services Only*****

Social Security _____ **Driver License #** _____ **State** _____

Processing Deposit Form Given: _____ **Received:** _____ **Screening Consent:** _____

All volunteers are required to commit to a minimum of four (4) hours per week for a minimum of six (6) months and 100 hours. Please indicate the days and times you are willing to volunteer below:

	Early Morning (6a-10a)	Morning (8a-12p)	Afternoon (12p-4p)	Evening (4p-8p)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How long do you plan to volunteer? _____

Are you presently under medical care? Do you have any serious illness, injury, physical limitation and/or permanent restrictions that would prevent you from performing assigned tasks and duties as a volunteer? Yes No

If "yes," please explain: _____

Immunizations are current and complete? Yes No (if no, please explain): _____

Please list any felony or misdemeanor convictions that you have received in your lifetime. Such convictions may/may not disqualify you from volunteering but must be disclosed to assist UMC with approving you to volunteer. Failure to disclose complete information will immediately disqualify you from the Volunteer Program.

- I do not have any misdemeanors or convictions
 I do have a misdemeanors or convictions; explain and include dates/locations:

I the undersigned, certify the above answers are true and complete to the best of my knowledge.

Your Social Security number and driver's license information will be collected to conduct a background check and will be maintained in strict confidence in the Volunteer Services office.

I understand that I am required to submit a two (2) step tuberculosis skin test, a drug screening test.

I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by UMC and or outside organization acting on behalf of the company, and/or the company itself.

Applicant Signature x _____
(If you are under 18, see below)

*****IF APPLICANT IS A MINOR*****

If you are under 18, complete the information requested below:

- Date of birth (MM/DD/YYYY) : _____
- Parent or guardian's name: _____
- Parent or guardian's contact numbers: Home: (_____) _____
Cell: (_____) _____ Work: (_____) _____

PARENT OR GUARDIAN TO READ AND SIGN:

As a parent/guardian of _____, I understand that he/she is applying to be a Teen Volunteer at University Medical Center (UMC). I understand I will be responsible for finding transportation both to and from UMC in accordance with the session time he/she chose above. I furthermore realize that my child will be volunteering at UMC and may be on patient floors and, therefore, be exposed to patients. I understand that my child must attend orientation pertaining to hospital policies/ procedures, safety, infection control and confidentiality. I understand that my child may be dismissed from the Volunteer Program for inappropriate behavior, not following hospital policies/procedure or any other inappropriate action that may be injurious to the child or patients.

I further understand that my child is required to submit a two (2) step tuberculosis skin test, a drug screening test and that I must sign a consent form and be present during the testing which includes accompanying my child to the designated Quest Diagnostic Laboratory.

Parent/Guardian Signature

Date