



# 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

Last 7 yrs of Residency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER/ WORK HISTORY: LIST LAST 7 YEARS OF EMPLOYMENT

PLEASE EXPLAIN YOUR REASONS FOR WANTING TO VOLUNTEER AT UMC:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about volunteer opportunities at UMC?

Health Fair (if so, which one)? \_\_\_\_\_

HLI Class (if so, which one)? \_\_\_\_\_

Newspaper Ad (paper name)? \_\_\_\_\_

Magazine Ad (magazine name)? \_\_\_\_\_

Friend or Family? \_\_\_\_\_

Other? \_\_\_\_\_

Have you ever served time in the military?  Yes  No

If yes, would you be interested in our vet 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)
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				

How long do you plan to volunteer?: \_\_\_\_\_

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

If "yes," please explain: \_\_\_\_\_

Medical Screening: Do you have a history of the following:

	Never	Presently	In the Past	Unsure
Heart disease or heart attack				
Rapid, slow or irregular heartbeat				
Stroke				
High blood pressure				
Varicose veins, blood clots				
Shortness of breath				
Emphysema				
Asthma				
Tuberculosis				
Jaundice, hepatitis				
Epilepsy, seizure disorder				
Fainting spells, dizziness				
Parkinson's Disease				
Arthritis, painful or swollen joints				
Back problems or back surgery				
Hernia (rupture)				
Diabetes				

Comments: \_\_\_\_\_

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:

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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