

Volunteer Application

Personal Information (Please Print)

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (Year Optional): _____

Current Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Occupation: _____ If necessary, may we phone you at work? Yes No

License Plate Number/State (If parking in facility lot): _____

Residency Information

What is your status? U.S. Citizen Non-Immigrant Permanent Resident

Visa Number: _____ Visa Expiration Date: _____

You will be asked to provide your I-94, Visa, and Passport or Permanent Resident Card for verification purposes.

Emergency Contact Information

Person to Notify: _____ Home Phone: _____ Work Phone: _____

Primary Care Physician: _____ Work Phone: _____

Education

Status: High School Student Undergraduate Graduate Student Adult Senior

Are you currently a student? Yes No If yes, where? _____

Highest Degree Attained: _____ Present Grade/Level: _____

Major: _____ Anticipated Graduation Date: _____

Hobbies/Interests/Skills: _____

Work and Volunteer Experience

Current or Previous Employer:

Dates of Employment:

Responsibilities:

Current or Previous Volunteer Experience:

Dates of Service:

Responsibilities:

Volunteer Work Preference

Administrative

Laboratory Research

Special Events

Healing Power of the Arts

Patient and Family Support

Other:

Days and times you would like to volunteer:

Background Information

Why are you interested in volunteering?

How did you find out about our program?

Referred by:

Do you require any physical accommodations that should be considered when selecting a volunteer assignment? Yes No If yes, please explain:

Are you applying for volunteer service to fulfill a school community service requirement? Yes No

Are you applying for volunteer service to fulfill a court-appointed community service requirement? Yes No

If yes to either of the two previous questions, please explain:

Hours required:

In what field?

Have you ever pleaded guilty, been convicted of, accepted ARD or a similar program, or pleaded no contest to any violation other than a summary offense? Yes No If yes, describe in full:

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission may cause my dismissal from volunteer service.

Signature

Name (printed)

Date

UPMC Health System is an equal opportunity employer. Policy prohibits discrimination of harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran status. Further, the Health System will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC Health System programs and activities. This is a commitment made by UPMC Health System in accordance with federal, state, and/or local regulations.