



UPMC HEALTH SYSTEM

UPMC St. Margaret

815 Freeport Road
Pittsburgh, Pa 15215
412-784-4081
arndti@upmc.edu

Volunteer Application

Date of Application: _____

UPMC Facility Preferred: **UPMC St. Margaret**

PERSONAL INFORMATION (Please print)

Last name	First name	Middle Initial	Social Security # (for photo ID)
Present address	City	State	ZIP Code
Permanent address (if different)	City	State	ZIP Code
Home Phone	E-mail address		
Occupation	If necessary, may we phone you at work? Phone:		

VOLUNTEER TYPE: Adult College Student Middle/High School Student Intern

DATE OF BIRTH (year optional) _____

LICENSE PLATE NUMBER/STATE (If parking in facility lot): _____

EMERGENCY CONTACT INFORMATION

Person to notify / relationship	Home phone	Work Phone
Primary care physician	Phone number	

LANGUAGES: (read, write, speak or sign) _____

HOBBIES/INTERESTS/SKILLS: _____

Are you currently a student? _____ If yes, where? _____

Address: _____

Present grade/level: _____ Anticipated graduation date: _____

Major: _____

Current or Previous Employer (if applicable)	Previous/current volunteer experience
Date(s) of employment:	Date(s) of volunteer service
Responsibilities:	Responsibilities:

VOLUNTEER WORK PREFERENCE

<u>Type of Work Preferred</u>	<u>Prefer to Work</u>
_____	<input type="radio"/> with patients
_____	<input type="radio"/> with visitors
	<input type="radio"/> with staff/volunteers
Day(s) and time(s) you would like to volunteer _____	

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? If yes, please explain. _____

Have you applied for volunteer service to fulfill a school community service requirement? ___ Yes ___ No

Have you applied for volunteer service to fulfill a court-appointed community service requirement?
 ___ Yes ___ No

If yes to either question, 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 _____

Are you a U.S. Citizen? ___ Yes ___ No

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 _____ Date _____

Name (Printed) _____

UPMC is committed to a policy of equal opportunity, and prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam Era.



UPMC *St. Margaret*

**Volunteer Services Department
815 Freeport Road
Pgh, Pa 15215**

CONFIDENTIAL REFERENCE FORM

Your name has been given as a reference by _____, who has applied for a volunteer position at UPMC St. Margaret. Please complete this form and return it to the above address. Information on this reference is used to make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. All information you supply will be confidential. Thank you.

Iris Douglas, Director of Volunteer Services

PERSONAL REFERENCE:

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment to volunteer:

Please comment on applicant's attitude and other characteristics such as dependability:

Signature: _____

Date: _____

(Reference cannot be related to the applicant.)



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UPMC *St. Margaret*

Criminal Background Investigation
Authorization and Request Form

Volunteer Services Department

I authorize a criminal background check to be conducted on me with the report to be furnished to UPMC St. Margaret.

To the full extent permitted by law, I voluntarily release UPMC St. Margaret and USIS from any liability for or in connection with the collection, use, release or disclosure of the information obtained through the criminal background check. I have read this authorization and release and understand its terms.

I understand and acknowledge that by my signing this authorization, no employment or volunteer agreement is created between UPMC St. Margaret and me.

A copy of this form shall be as valid as the original. This authorization and release is effective from the date of my signature forward unless revoked in writing by me.

Applicant's Signature

Date

Print Name of Applicant

Applicant's Social Security #

Street Address

Date of Birth

City, State, Zip

Previous Last Name/Maiden Name

Phone Number: _____

PERMANENT/PREVIOUS ADDRESS (If different than above)

Street Address

City

State

Zip

(Office Use Only)

____ State- Pennsylvania

State: Other _____

____ County - Allegheny

County: Other _____