

UNITED MEMORIAL MEDICAL CENTER
VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

HOME AND WORK TELEPHONE NUMBERS _____

E-MAIL ADDRESS _____

Number of hours per week you would like to volunteer: _____

Please indicate the days and times you are available to volunteer in the box below:

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

What type of volunteer work and what areas interest you? Check appropriate choices

- | | |
|---|--|
| <input type="checkbox"/> Admission Escort
<input type="checkbox"/> Gift Shop – Sales Clerk, window display
<input type="checkbox"/> Information Desk
<input type="checkbox"/> Coffee Kiosk | <input type="checkbox"/> Magazine Distribution
<input type="checkbox"/> Patient Menu Aide
<input type="checkbox"/> Snack Shop - waitressing, cashiering, kitchen duties
<input type="checkbox"/> Other, please specify interest |
|---|--|

As per Hospital policy, all volunteers must meet specific health requirements. These requirements must be met before you begin your volunteer assignment. You will also be required to have a health assessment on an annual basis.

SIGNATURE OF APPLICANT _____ DATE _____

RETURN APPLICATION TO: Volunteer Coordinator, United Memorial Medical Center, 127 North Street, Batavia, NY 14020. For additional information please call the Volunteer Coordinator at 344-7465 or E-mail ktennity@ummc.org.

NAME _____

Do you belong to any civic or community organizations? Yes, Please list No

ORGANIZATION

POSITION HELD

Please list all previous volunteer experiences:

ORGANIZATION

FROM

TO

VOLUNTEER POSITION

Please list the two most recent work experiences you have had:

ORGANIZATION

FROM

TO

POSITION HELD

Education: Highest grade completed? _____ Where?

Please list any special skills or hobbies:

Have you ever been convicted of a crime (other than traffic violations)? Please Explain

Are there any physical limitations or accommodations you may need to volunteer at the hospital?

List Two References (Employment or Personal, but **not** a relative- Give Name, Title and Telephone Number):

1. _____ (____) _____

2. _____ (____) _____