

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

- Surgical Waiting Room Volunteer       Magazine Distribution  
 Gift Shop – Sales Clerk, window display       Patient Menu Aide  
 Greeter at Information Desk in Front Lobby       Other, please specify interest  
 Kiosk (North Street or Bank Street)

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](mailto:ktennity@ummc.org).

