



UPMC Pinnacle Volunteer Services Chaplain Assistant Volunteer Application

OFFICE USE ONLY - ID#
8800 _____
Assignment - Chaplain Assistant Volunteer
Days/Times _____
Start Date _____

Applicant Information	Date _____	Location Preference	<input type="checkbox"/> Community Osteopathic	<input type="checkbox"/> Harrisburg	<input type="checkbox"/> West Shore	
			<input type="checkbox"/> Carlisle	<input type="checkbox"/> Hanover	<input type="checkbox"/> Lititz	
			<input type="checkbox"/> Memorial (York)			
			<input type="checkbox"/> PPI (Pennsylvania Psychiatric Institute)			
	Name (Last, First, MI) _____					
	Address _____					
	City _____		State _____		Zip Code _____	
	Phone # _____		Cell # _____			
	Email _____			D.O.B. _____		

Interests / Affiliations	Occupation _____	Employer _____
	Volunteer Experience _____	
	Hobbies/Interest _____	
	Organization Affiliation(s) _____	

Availability	Area(s) of Interest _____						
	Time Availability	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Weekends
		<input type="checkbox"/> Morning (ex. 8 am - 12 pm)	<input type="checkbox"/> Afternoon (ex. 12 pm - 4 pm)	<input type="checkbox"/> Evening (ex. 4 pm - 7 pm)			
		<input type="checkbox"/> Overnight (ex. 7pm - 8am)	<input type="checkbox"/> On-call	<input type="checkbox"/> Crises			
	Frequency	<input type="checkbox"/> Once a week	<input type="checkbox"/> once a month	<input type="checkbox"/> 2 times a month	<input type="checkbox"/> 3 times a month		
	I understand that volunteer service at UPMC Pinnacle cannot be used to fulfill court ordered community service. _____						

Emergency Contact	Name _____	Relationship _____
	Address _____	
	Phone # _____	

I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and I understand that any falsification may prevent my placement or justify future dismissal. All requirements have been explained to me and I understand that any fees related to medical requirements will be at my own expense.

Name

Date

Ministry Application

Religious Affiliation	Faith/Group/Denomination		
	Diocese/Conference Association, etc.		
	Local Church, Synagogue Membership		
	Clergy/Spiritual Guide (Laity only)		
	Ordained	Date	Deacon, Elder, Pastor
	Current Position (Clergy only)		

Education / Training	College-		
	Institution	Date	Degree
	Seminary-		
	Institution	Date	Degree
	Trade School-		
	Institution	Date	Degree
Secular Employment (Laity only)	Business		
	Address		

I have read the enclosed Position Description for the Chaplain Assistant Volunteer and understand that I will not evangelize, proselytize, or hand out any materials other than those provided me by the Spiritual Care Services Department. I also understand that my volunteer start date is pending the outcome of my interview, completed references, background checks, orientation attendance, shadowing (following and observing) a current volunteer and /or the Hospital Chaplain.

Name _____
Date

Official Use Only:

Interview Date: _____ Orientation Date: _____ Shadow Dates: _____

Shadowing Done By: _____ Hospital Chaplain? Yes No

Comments: _____