



UPMC Central PA Volunteer Services Adult Volunteer Application

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|-------------------|
| OFFICE USE ONLY – |
| ID# 8800 _____ |
| Assignment _____ |
| Days/Times _____ |
| Start Date _____ |

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|------------------------------|--|------------------------------------|----------------------------------|------------------------------------|----------------------------------|---------|----------------------------------|------------------------------------|----------------------------------|-----------|----------------------------------|------------------------------------|----------------------------------|----------|----------------------------------|------------------------------------|----------------------------------|--------|----------------------------------|------------------------------------|----------------------------------|----------|----------------------------------|------------------------------------|----------------------------------|--------|----------------------------------|------------------------------------|
| Applicant Information | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name (Last, First, MI) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Phone # Cell # | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Email D.O.B. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Preferred method of communication? <input type="checkbox"/> Phone # <input type="checkbox"/> Cell # <input type="checkbox"/> Email | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills | Present Occupation Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Education/Training | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Availability | Area(s) of Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Time Availability (please check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Monday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Tuesday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Wednesday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Thursday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Friday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Saturday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> <tr> <td>Sunday</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Evening</td> </tr> </table> | Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | Name Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Have you ever been employed by UPMC Pinnacle or any of its affiliates? Yes No

Have you ever plead guilty or been convicted of a felony or misdemeanor, civilian or military? Yes No

I understand that volunteer service at UPMC Pinnacle cannot be used to fulfill court ordered community service. _____ (Initial)

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

Name

Date