

ADULTVOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____

Email Contact: _____ May we contact you by email? Yes No

I am 18 years of age or older and no longer in high school: _____ Yes _____ No

Educational Background:

Last grade/degree completed: _____

Employment Experience: _____

Special Skills: _____

Person to contact in case of illness:

Name: _____ Phone #: _____

Do you have any relatives currently working at this hospital? If so, please list:

Name: _____ Name: _____

Have you ever plead guilty or been convicted of a misdemeanor or felony offense?

_____ Yes _____ No If yes, specify: _____

Reason for volunteering: _____

Preferences: () Check all that apply to you. I'm interested in:

Patient Experience.
 Hospitality.

Clerical Support
 Fundraising Projects.

Are there any conditions that would affect your ability to volunteer? _____

What do you see yourself doing as a volunteer? _____

List any department preference: _____

Your Availability: _____

PLEASE NOTE:

Unless otherwise noted, I hereby give permission to Uniontown Hospital to investigate any and all information on this application. I further authorize my previous employers, personal references, and educational institutions to provide Uniontown Hospital with the requested information, and release them from any liability connected with the submission of this information.

I certify that all statements are true and correct to the best of my knowledge and belief.

I understand the first three months as a volunteer are probationary in nature. If I become a Uniontown Hospital volunteer, I agree to:

- Abide by the Uniontown Hospital policies and procedures.
- Keep all patient information and hospital business completely confidential at all times.
- Attend orientation and any other required educational training.
- Strictly adhere to my volunteer assignment description.
- Purchase my uniform and accurately record my service hours.
- Complete testing for TB prior to start date, and annually thereafter.

Signature _____ Date _____

The Uniontown Hospital volunteer program does not discriminate on the basis of race, color, sex, age, religious creed, national origin, ancestry or disability in the selection and placement of volunteers or in the provision of services.

Please complete this application and return to

*Uniontown Hospital Volunteer Services
500 West Berkeley Street, Uniontown, PA 15401*

By FAX: 724.430.8631

Or By Email: flasher@utwn.org

**THE UNIONTOWN HOSPITAL
VOLUNTEER REFERENCE LIST**

VOLUNTEER NAME: _____

Prior to beginning your assignment, you must have two positive references from adults who know you well enough to recommend you as a volunteer. Such persons may not be related to you, and should be a teacher, guidance counselor, advisor, coach, minister, scout leader or youth group leader.

Please list the names of three adults below. The Volunteer Office will mail a reference form to each person listed below.

Be sure to provide a complete mailing address and the correct spelling of the names.

PLEASE PRINT

Reference #1: Name _____

Position _____

Address _____

Daytime Phone _____

Reference #2: Name _____

Position _____

Address _____

Daytime Phone

Reference #3: Name _____

Position _____

Address _____

Daytime Phone _____

Return this completed form to the Volunteer Office.



AUTHORIZATION AND RELEASE FORM FOR OBTAINING PENNSYLVANIA STATE POLICE CRIMINAL HISTORY BACKGROUND

As part of the procedure to process my volunteer application, or continued volunteer service, I authorize Uniontown Hospital to obtain a criminal history background check, and/or during my volunteer service, if selected, so as to update, renew, or extend my volunteer service utilizing the services of the Pennsylvania State Police to obtain a criminal history background report.

I understand that Volunteer Service with Uniontown Hospital may not be extended and/or if selected I may be terminated if I have been convicted of an offense which is related to the volunteer assignment for which I have applied.

I understand that Uniontown Hospital will pay the necessary fees associated with the background check.

Social Security Number

Date of Birth

Print Name

Signature

Date