

Please return this application to: Volunteer Services Department, Ground Floor Ravdin Building, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104.

Personal Information

Adult Volunteer College/Pre-Med Volunteer Pastoral Care Birth Date _____

Name Mr. Miss Ms. Mrs. _____
Last First Middle

Local Address _____ Apt. _____

City _____ State _____ Zip _____

Permanent Address _____ Apt.# _____

City _____ State _____ Zip _____

Local Telephone Number _____ Second Phone Number _____ Cell Phone Number _____

e-mail address _____ In an emergency, please call _____ Telephone _____

Describe your interest in a volunteer position at HUP:

Are you currently seeking volunteer service to fulfill a community service obligation (school, church, court referred):

Yes No If yes, please describe the service requirements: _____

Community Service Organization Contact: _____ Phone number: _____

Is there anything that may adversely affect your ability to perform volunteer, or that would require an accommodation in order for you to safely and competently perform volunteer work as requested?

Yes No

(If yes, please submit a written explanation with this application, including details and accommodation requirements. If you desire, this written explanation may be placed in a sealed envelope and marked "confidential.")

Education (Please check the highest level of education completed:)

High School 9 10 11 12

Name of High School _____ Address _____

College 1 2 3 4 Graduate School 1 2 3 4

Name of College _____ Degree or Major _____

Employment Experience (Please complete the following based on employment held **within the last 10 years.**)

Have you ever worked for HUP or any entity of the University of Pennsylvania Health System?

Yes No Currently employed by UPHS

 If yes, work location Dates of employment Reason for leaving

Employment Experience (continued)

Current or past employer _____

Business Address	City	State	Zip
Phone Number	Position Title	Supervisor's Name	

Previous Volunteer Experience

Organizations _____

Community Activities _____

References

Please provide complete information on **2 references**. Current or former job supervisors, teachers, or clergy persons may serve as references. **Family members, relatives and friends may not provide recommendations on your behalf.**

Reference #1

Name	Relationship to you
Name of business or school (if applicable)	Telephone
Address	City State Zip

Reference #2

Name	Relationship to you
Name of business or school (if applicable)	Telephone
Address	City State Zip

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If you answered Yes to either of these two questions regarding convictions, please describe the conviction(s) in detail, including dates: _____

I certify that the information I have provided for this application is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer at the Hospital of the University of Pennsylvania. If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital. **I authorize the Hospital of University of Pennsylvania Volunteer Services Department to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.**

Applicant's Signature _____ Date _____