



800 Spruce Street
Philadelphia, PA 19107
215-829-5187



University of Pennsylvania Health System

APPLICATION FOR VOLUNTEER SERVICE

Please print

Name: _____
(First) (Last)

Address: _____
(Number and Street) (Apartment Number)

(City) (State) (Zip)

Home Telephone: () _____ Work phone #: () _____

In case of Emergency, notify: _____ Telephone #: () _____

This person is what relationship to you? _____

Have you ever been convicted of, plead guilty to, or entered a plea of no contest or no lo contendre to any crime other than a summary offense or a summary motor vehicle violation? Yes No If yes, please explain:

Note: Criminal history will not automatically result in denial or loss of volunteer placement.

If yes, please explain: _____

Employment and Volunteer experience: Are you currently employed? Yes No

MOST RECENT EMPLOYMENT	
Name of Employer:	
Address	
Position Title	
Name and Title of Last Supervisor:	
Brief Description of Duties:	
Reason for Leaving:	
PREVIOUS EMPLOYMENT	
Name of Employer:	
Address	
Position Title	
Name and Title of Last Supervisor:	
Brief Description of Duties:	
Reason for Leaving:	

EDUCATION	SCHOOL NAME AND LOCATION	DATE FROM/TO	MAJOR	DEGREE/DIPLOMA (include name at time of receipt)
High School or Equivalent				
College or University				
Other				

I have been a volunteer for: _____
(Agency)

Address: _____ Position Held: _____ Dates: _____

Do you have any special skills or interest you would like to use as a volunteer?

Type of volunteer service preferred:

_____ Working with or near patients
_____ I would prefer little or no patient contact at this time

Day(s) preferred: _____ M _____ T _____ W _____ T _____ F

Hour(s) preferred: _____

References: (no relatives or personal physicians please) – references can be from employers, professors, personal friends, previous Volunteer Services Directors etc.). Prefer at least one professional reference, if possible.

(Name) (Address) (Phone)

(Name) (Address) (Phone)

I am applying for a volunteer experience at Pennsylvania Hospital. I have carefully read the application statement and have provided accurate information to the best of my knowledge. The facts set forth in my application are true and complete. Permission is given to the University of Pennsylvania Health System (UPHS) to verify all information I have provided in this application. Unless otherwise indicated in the application I authorize all persons or entities to provide any relevant information to UPHS or its agents for use in its investigation and release them from any liability for doing so. I understand and agree that any misrepresentation or omission of facts in my application will be justification for refusal or termination of volunteer service. I understand and agree that this volunteer application and other UPHS documents or statements are not contracts of employment or volunteer service. Volunteer placement is contingent upon successful completion of a post offer physical, and background investigation, including a criminal history record check.

SIGNATURE: _____

DATE: _____

Interview: _____

Orientation: _____

Start Date: _____

End Date: _____

Supervisor Notified: _____

Assignment: _____