



University of Pennsylvania Health System

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



**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? \_\_\_\_\_

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

<b>MOST RECENT EMPLOYMENT</b>	
Name of Employer:	
Address	
Position Title	
Name and Title of Last Supervisor:	
Brief Description of Duties:	
Reason for Leaving:	
<b>PREVIOUS EMPLOYMENT</b>	
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 \_\_\_\_\_S

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: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Interview: \_\_\_\_\_

Orientation: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Supervisor Notified: \_\_\_\_\_

Assignment: \_\_\_\_\_

