



# UPMC Central PA Volunteer Services Student Volunteer Application

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

<b>Applicant Information</b>	Date _____	Location Preference	<input type="checkbox"/> Carlisle	<input type="checkbox"/> Hanover	<input type="checkbox"/> Lititz	<input type="checkbox"/> Memorial (York)
	<i>Shore</i>		<input type="checkbox"/> Community Osteopathic	<input type="checkbox"/> Harrisburg	<input type="checkbox"/> West	
	Name (Last, First, MI) _____					
	Address _____					
	City _____	State _____	Zip Code _____			
	Phone # _____	Cell # _____				
Email _____			D.O.B. _____			

<b>Parent / Guardian</b>	Name _____	Relationship _____
	Address _____	
	Phone # _____	
	Work / Cell # _____	

<b>Emergency Contact</b>	Name _____	Relationship _____
	Address _____	
	Phone # _____	

<b>Education</b>	Name of School _____
	Grade _____
	Extracurricular Activities _____

<b>Health</b>	Family Physician
	Are you under the care of a physician? <input type="checkbox"/> yes <input type="checkbox"/> no
	Are you taking drugs or medications? <input type="checkbox"/> yes <input type="checkbox"/> no
If you answered yes to either of the above questions, please note any necessary medical accommodations.	

**Narrative / Verification**

Please list any past or current volunteer experience:

Interests / Skills

I understand that attending volunteer orientation is a mandatory requirement.

yes  no

I understand that receiving a volunteer placement is contingent upon my ability to meet all requirements of the Volunteer Program.

yes  no

I acknowledge that I must complete all program requirements to be eligible for future volunteer opportunities as a student volunteer.

yes  no

\_\_\_\_\_

Student Signature

Date

\_\_\_\_\_

Parent/Guardian Signature

Date