



Volunteer Services Adult Volunteer Application

OFFICE USE ONLY –
ID# 8800_____
Assignment _____
Days/Times _____
Start Date _____

Applicant Information	Date _____ Location Preference <input type="checkbox"/> Community Osteopathic <input type="checkbox"/> Harrisburg <input type="checkbox"/> West Shore <input type="checkbox"/> Carlisle <input type="checkbox"/> Hanover <input type="checkbox"/> Lititz <input type="checkbox"/> York																											
	Name (Last, First, MI) _____																											
	Address _____																											
	City _____ State _____ Zip Code _____																											
	Phone # _____ Cell # _____																											
	Email _____ D.O.B. _____																											
	Preferred method of communication? <input type="checkbox"/> Phone # <input type="checkbox"/> Cell # <input type="checkbox"/> Email																											
Skills	Present Occupation _____ Employer _____																											
	Education/Training _____																											
Availability	Area(s) of Interest _____																											
	Time Availability (please check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 10px 2px 20px;">Monday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Tuesday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Wednesday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Thursday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Friday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Saturday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> <tr> <td style="padding: 2px 10px 2px 20px;">Sunday</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Morning</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Afternoon</td> <td style="padding: 2px 10px 2px 20px;"><input type="checkbox"/> Evening</td> </tr> </table>	Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening																									
Emergency Contact	Name _____ Relationship _____																											
	Address _____																											
	Phone # _____																											

Have you ever been employed by UPMC Pinnacle or any of its affiliates? Yes No

Have you ever plead guilty or been convicted of a felony or misdemeanor, civilian or military? Yes No

I understand that volunteer service at UPMC Pinnacle cannot be used to fulfill court ordered community service. _____ (Initial)

I affirm that the information I have supplied is complete and accurate to the best of my knowledge. I understand that any falsification may prevent my placement or justify future dismissal. I acknowledge that any fees related to medical requirements will be at my own expense.

Name

Date