



**UPMC Pinnacle
Volunteer Services
Student Volunteer Application**

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

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

Parent / Guardian	Name	Relationship
	Address	
	Phone #	
	Work / Cell #	

Emergency Contact	Name	Relationship
	Address	
	Phone #	

Education	Name of School	
	Grade	
	Extracurricular Activities	

Health	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.		

Please continue on the reverse.

Narrative / Verification

Why do you want to be a student volunteer?

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