University Health System | Volunteer Services

Office use only
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☐ Ori _____

4502 Medical Drive MS-63-1
San Antonio, Texas 78229-4493
Tel. (210) 358-2326 Fax (210) 358-4801

Adult Volunteer Application

PLEASE PRINT FULL LEGAL NAME:
We do not accept court appointed referrals.

Name_____
Last **First** **MI** **Suffix**

Address_____

_____
City **State** **Zip**

_____
Social Security Number **Date of Birth** **Gender**

_____
Home Phone **Alternative Number**

Contact in Case of Emergency

Name_____

Relationship_____

Home Phone_____

Work Phone_____

Applicant's e-mail address: _____@ ☐ yahoo.com ☐ gmail.com ☐ hotmail.com ☐ other: _____

How did you learn about our University Health System Volunteer Program?
Please name the source.

☐ University Health System Volunteer: _____ ☐ School: _____

☐ Internet Site: _____ ☐ Other: _____

☐ University Health System Employee: _____

☐ Self Referral: Current employment at UHS? _____
Previous employment at UHS? _____ If so, what year? _____

Check the following University Health System programs you have participated in:
University Health System Programs/Year

☐ Observation Program _____
☐ Camp 98.6 _____
☐ University Health System Clinical Rotation _____
☐ Junior Volunteer Program _____
☐ University Health System Tours _____
☐ Other _____

Volunteer Availability

Days Available to Volunteer ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Time Preferred* ☐ Morning ☐ Afternoon ☐ Evenings
Location Preferred ☐ University Hospital ☐ University Center for Community Health
☐ UFHC-Southwest ☐ UFHC-Southeast ☐ UFHC-North ☐ UHC-Downtown
☐ Other _____

*Approved volunteer time is 6am-8pm Monday-Sunday at University Hospital, includes holidays; 8:30am-5pm. Monday- Friday at University Health System satellite clinics, excludes holidays.

Please check skills which you would be willing to share as a volunteer with University Health System.

Office Skills	Creative Skills	Patient Care Services	Communications Skills
☐ Typing	☐ Drawing/Painting	☐ Infant/ Child Care	☐ Public Speaking
☐ Filing	☐ Knitting/ Crocheting	☐ Delivery Flowers	☐ Photography
☐ Phone Reception	☐ Sewing	☐ Reading to Patients	☐ Public Relations
☐ Copier/Fax/Scanning	☐ Crafts	☐ Chaplain*	☐ Foreign Language
☐ Mail Sorting			
☐ Alphabetizing			
☐ Computer Programs			
☐ Microsoft Excel			
☐ Microsoft Word			
☐ Microsoft Powerpoint			

*A chaplain volunteer requires special approval.

What department or tasks are you interested to perform as a volunteer? _____

What department or tasks are you not interested to perform as a volunteer? _____

References

Please provide two references (employer, volunteer manager, etc.). Please indicate any work experience and volunteer experience with your supervisor's name and information.

Work/Volunteer History

Check One: ☐ Work ☐Volunteer

Dates _____to _____

Employer _____

Supervisor _____

Title_____

Address _____

_____

City State Zip

Work Phone (____)_____

Duties Performed_____

_____

_____

Check One: ☐ Work ☐Volunteer

Dates _____to _____

Employer_____

Supervisor _____

Title_____

Address_____

_____

City State Zip

Work Phone)_____

Duties Performed_____

_____

_____

School Information

Are you currently in school? □ No □ Yes
If yes, please include proof of current school enrollment.

School _____

I HEREBY CERTIFY that all the information provided on this application is true, correct and complete. I grant University Health System permission to verify this information for the purpose of determining my volunteer acceptance. I understand any misrepresentation or omission of any facts necessary to make this application complete shall be cause for rejection of the application or dismissal by University Health System.

I understand this application is not intended as a job offer and my volunteer assignment may be terminated at any time without notice or requirement of cause.

I understand and agree that, as a condition of acceptance, I will be required to successfully complete all acceptance requirements. I further agree to abide by all rules, regulations, and policies of University Health System if accepted. I understand any acceptance is contingent upon successful completion of background check and health screening. I understand, if accepted, I will be required to complete an annual health screening.

Notice of Controlled Substance Testing Policy:
University Health System conducts its operations with the highest possible degree of safety for acceptance. Because of this standard, University Health System requests that all finals candidates for acceptance undergo screening for controlled substances.

The screening for controlled substance will not be performed without the written, signed consent of the volunteer. A volunteer who decides not to submit to a screening for controlled substances, or who does not successfully complete this screening, will not be further considered for acceptance.

My signature on this application indicates that I have read and understand this notice.

Signature of Volunteer Applicant: _____ **Date:**_____

If you have ever attended school or worked under another name, please give us that name(s): _____

+ A Consumer Report may consist of employment records, education verification, licensure verification, driving history, previous address, and other public records relative to criminal charges. A credit report will not be requested unless it is denied pertinent to the functions of the position for which you are applying.

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Your date of birth is requested only for the purpose of obtaining a consumer report. Your response to the requested information is voluntary, and refusal to provide the information will not subject you to any adverse treatment. Your assistance in providing the information on this form will be greatly appreciated and will be kept confidential. Please be advised that this form will be separated from, and is not a part of, your official application for volunteer acceptance.

Application Disclosure

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for acceptance.

If you are denied, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for volunteer purposes.

Date: _____

Print **FULL LEGAL** Name: _____

Signature of Volunteer Applicant: _____

Social Security Number: _____

Date of Birth: _____