



Magee-Womens Hospital

of University of Pittsburgh Medical Center

Department of Volunteer Services

VOLUNTEER APPLICATION

DATE: _____

NAME: _____		PHONE: _____	
ADDRESS: _____		Home _____	
Street _____		Work _____	
City _____	State _____	Zip Code _____	Cell _____
SOCIAL SECURITY NUMBER: _____		E-MAIL: _____	
DATE OF BIRTH: _____	MARITAL STATUS: _____	SPOUSE'S NAME: _____	
mm/dd/yy (year optional)	m/s/d/w (optional)		

EDUCATIONAL BACKGROUND: _____	_____
Name of School	Highest Grade Completed
WORK EXPERIENCE: _____	_____
Employer	Dates
_____	_____
Employer	Dates
VOLUNTEER EXPERIENCE: _____	

SPECIAL SKILL, HOBBIES, INTERESTS: _____	
CLUBS AND ORGANIZATIONS: _____	
Please list any offices held	

VOLUNTEER WORK PREFERENCE

<u>Type of Work Preferred</u>	<u>Prefer to Work</u>
_____	<input type="checkbox"/> with patients <input type="checkbox"/> with staff/volunteers
_____	<input type="checkbox"/> with visitors <input type="checkbox"/> doing paperwork
Day(s) and time(s) you would like to volunteer: _____	

Why are you interested in volunteering? _____

Why did you choose Magee-Womens Hospital? _____

Does anyone in your family work at Magee? _____

Who referred you to Magee-Womens Hospital? _____

A Volunteer Website Friend Magazine School Other

Do you have any special needs? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

No Yes If yes, please explain: _____

References: Previous supervisor of paid or voluntary work. **IN ORDER FOR US TO PROCESS YOUR APPLICATION, PLEASE PROVIDE US WITH ACCURATE AND COMPLETE REFERENCE INFORMATION.** (Please write clearly.)

1. (Mr.) (Ms.) _____
Name

Business or Organization Name

Street Address

City State Zip Code

Telephone

FAX

E-Mail Address

Relationship

2. (Mr.) (Ms.) _____
Name

Business or Organization Name

Street Address

City State Zip Code

Telephone

FAX

E-Mail Address

Relationship

