



# UPMC | University of Pittsburgh Medical Center

## VOLUNTEER APPLICATION

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION (Please print)

|                                  |            |   |          |
|----------------------------------|------------|---|----------|
| Last name                        | First name | Middle Initial                          |          |
| Present address                  | City       | State                                   | ZIP Code |
| Permanent address (if different) | City       | State                                   | ZIP Code |
| Home Phone                       | Cell Phone | E-mail address                          |          |
| Occupation                       |            | If necessary, may we phone you at work? |          |
|                                  |            | Phone: _____                            |          |

VOLUNTEER TYPE:     Adult     College Student     Middle/High School Student     Extern/Intern

DATE OF BIRTH (year optional) \_\_\_\_\_

LICENSE PLATE NUMBER/STATE (If parking in facility lot): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

|                        |              |            |
|------------------------|--------------|------------|
| Person to notify       | Home phone   | Work phone |
| Primary care physician | Phone number |            |

LANGUAGES: (read, write, speak, or sign) \_\_\_\_\_

HOBBIES/INTERESTS/SKILLS: \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Address: \_\_\_\_\_

Present grade/level: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Major: \_\_\_\_\_

### WORK & VOLUNTEER EXPERIENCE

|  |  |
|--|--|
| Current or Previous Employer (if applicable) | Previous/current volunteer experience: |
| Date(s) of employment:                       | Date(s) of volunteer service:          |
| Responsibilities:                            | Responsibilities:                      |

**VOLUNTEER WORK PREFERENCE**

Type of Work Preferred

Prefer to Work

- with patients
- with visitors
- with staff/volunteers

Day(s) and time(s) you would like to volunteer \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Referred by: \_\_\_\_\_

Do you require any physical accommodations that should be considered when selecting a volunteer assignment? If yes, please explain. \_\_\_\_\_

Have you applied for volunteer service to fulfill a school community service requirement? \_\_\_ Yes \_\_\_ No

Have you applied for volunteer service to fulfill a court-appointed community service requirement?

\_\_\_ Yes \_\_\_ No

If yes to either question, please explain \_\_\_\_\_

Hours Required: \_\_\_\_\_ In what field? \_\_\_\_\_

Have you ever pleaded guilty, been convicted of, accepted ARD or a similar program, or pleaded no contest to any violation other than a summary offense? \_\_\_ Yes \_\_\_ No

If yes, describe in full \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_ Yes

\_\_\_ No, Visa and Passport documentation to be provided during interview appointment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission may cause my dismissal from volunteer service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

UPMC is an equal opportunity employer. Policy prohibits discrimination of harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This is a commitment made by UPMC in accordance with federal, state, and/or local regulations



Please mail or fax the completed volunteer application to the UPMC facility of your choice.

**Volunteer and Community Services**  
**UPMC Montefiore/UPMC Presbyterian**  
Kaufmann Building, Suite 1210  
3471 Fifth Ave.  
Pittsburgh, PA 15213  
Fax: 412-648-6871

**Volunteer Services**  
**UPMC Bedford Memorial**  
10455 Lincoln Highway  
Everett, PA 15537  
Fax: 814-623-3537

**Volunteer Services**  
**UPMC Braddock**  
400 Holland Ave.  
Braddock, PA 15104  
Fax: 412-636-5607

**Volunteer Services**  
**Children's Hospital of Pittsburgh of UPMC**  
3705 Fifth Avenue, Suite 325  
Pittsburgh, PA 15213  
Fax: 412-692-8468

**Volunteer Services and Community Education**  
**UPMC Horizon**  
110 N. Main St.  
Greenville, PA 16125  
Fax: 724-983-7505

**Community Outreach**  
**UPMC McKeesport**  
1500 Fifth Ave.  
McKeesport, PA 15132  
Fax: 412-664-6784

**Volunteer Services**  
**UPMC Mercy**  
1400 Locust Street, Room 2196-D  
Pittsburgh, PA 15219  
Fax: 412-232-5568

**Volunteer Services**  
**UPMC Passavant**  
9100 Babcock Blvd.  
Pittsburgh, PA 15237  
Fax: 412-358-3399

**Volunteer Services**  
**UPMC Northwest/Sugar Creek Station**  
100 Fairfield Drive  
Seneca, PA 16346  
Fax: 814-676-7166

**Volunteer Services**  
**UPMC St. Margaret**  
815 Freeport Road  
Pittsburgh, PA 15215  
Fax: 412-784-4373

**Volunteer Services**  
**UPMC Senior Communities**  
709 Russellton Road  
Cheswick, PA 15024  
Fax: 412-784-5088

**Volunteer and Community Services**  
**UPMC Shadyside**  
5230 Centre Ave.  
Pittsburgh, PA 15232  
Fax: 412-623-6260

**Volunteer Services**  
**UPMC South Side**  
2000 Mary St.  
Pittsburgh, PA 15203  
Fax: 412-488-5984

**Volunteer Services**  
**UPMC Living-At-Home Program**  
1370 Beulah Road, Fourth Floor  
Pittsburgh, PA 15235  
Fax: 412-473-6677

**Volunteer Services**  
**Magee-Womens Hospital of UPMC**  
300 Halket St.  
Pittsburgh, PA 15213  
Fax: 412-641-5497

**Volunteer & Community Services**  
**Hillman Cancer Center**  
William M. Cooper Pavilion  
5115 Centre Ave, Ground Fl., Suite AG40.3  
Pittsburgh, PA 15232 Fax: 412-623-4646

**Student and Volunteer Services**  
**Western Psychiatric Institute and Clinic**  
3811 O'Hara St.  
Pittsburgh, PA 15213  
Fax: 412-246-5205

