



Dear Prospective Volunteer,

Thank you for your interest in volunteering at University Hospitals Case Medical Center. Our volunteers are exceptional individuals who take the extra steps to make a difference in another person's life. They help in countless ways from comforting families who are worried about loved ones to delivering flowers and reading materials to patients. Through services direct and indirect, volunteers are an essential extension of the UHCMC team.

We look forward to meeting with you and discussing your areas of volunteer interest. To begin the volunteer process you must submit the following:

- _____ Volunteer interest Form (double sided)
- _____ Two completed reference forms
(See Reference Form for instructions)

You will be contacted to schedule an interview when we have received your completed volunteer packet. Please do not hesitate to contact us should you have any questions. Our office hours are Monday-Friday 8:30a.m. - 5:00p.m.

We appreciate your interest and look forward to welcoming you to the University Hospital Case Medical Center team!

A handwritten signature in black ink that reads 'Barbara Nalette'.

Barbara Nalette, CAVS
Director, Volunteer Services

-Keep this page for your reference-



Volunteer Services Department

Adult Volunteer Interest Form

Volunteers do not take the place of salaried staff at University Hospitals Case Medical Center.
 Volunteer service does not lead to paid employment.

-OFFICE USE ONLY-	
Received: _____	Contact Attempts: _____
Interview Date/Time: _____	Interviewer: _____

Personal Data

First Name	Middle Initial	Last Name	Preferred Name	
Present Address		City	State	Zip Code
Permanent Address (if different)		City	State	Zip Code
Home Telephone		Month and Day of Birth (if you are a High School Student, STOP - call for a Teen Scene application)		
Cellular Telephone		Social Security Number (for background screening purposes only)		
School Telephone		E-mail Address		
Emergency Contact Name		Phone Number	Relationship	

Education

Name of High School	High School Graduate _____ No _____ Yes						
Name of College	College Graduate _____ No _____ Yes						
Degree or Area of Study	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Circle year in program</td> <td style="border: none;">Graduation Date</td> </tr> <tr> <td style="border: none;">Freshman Sophomore</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Junior Senior Grad</td> <td style="border: none;"></td> </tr> </table>	Circle year in program	Graduation Date	Freshman Sophomore		Junior Senior Grad	
Circle year in program	Graduation Date						
Freshman Sophomore							
Junior Senior Grad							

Volunteer Interest

Have you ever volunteered with UHCMC? _____ No _____ Yes, when and in what area?	
How did you learn of the volunteer program at UHCMC?	Are you able to keep a commitment of volunteering a minimum of 50 hours or 6 months? _____ No _____ Yes
If applying to fulfill school or graduation service requirements, how many hours are required? _____ per _____ week or _____ month	
If applying to fulfill service requirements for government assistance, how many hours are required? _____ per _____ week or _____ month	
Volunteer area(s) of interest (see opportunity listing)	
1. _____	3. _____
2. _____	4. _____
Are you able to perform the duties of the above listed volunteer opportunities without accommodations? _____ No _____ Yes	
If no, what accommodations do you need? _____	



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-OFFICE USE ONLY-	
Volunteer Name: _____	Volunteer Placement: _____

Volunteer Interest

Indicate day(s) and time(s) you are available to volunteer. Shifts are typically 3 hours, and one day per week but you may volunteer more.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

Commitments

List any volunteer experience you may have

Name of Volunteer program	Description of duties	Dates of service

Name of Current or Last Employer _____ Employer Phone _____

If necessary, may we contact you at work? No Yes

List any extra curricular or community activities in which you may be involved

Background & References

You are required to submit two signed reference forms to complete your application. References should be from someone in a leadership/advisory role (i.e: teacher, clergy, counselor, employer, volunteer supervisor, civic or professional group). Relatives and friends are not acceptable references. These forms must be received to proceed in the volunteer process.

For background purposes only, have you been an Ohio resident for the past 5 consecutive years? No Yes

Have you ever been convicted of a violation of law other than a minor traffic violation? No Yes
(University Hospitals Case Medical Center, Volunteer Services Department does conduct FBI background checks. A conviction does not necessarily disqualify an applicant. Failure to disclose may result in disqualification or termination.)

If yes, please identify under what name, location, date, charge and current status of charge:

Signature

I certify the statements made in this application are true and correct, and I understand that misrepresentation and/or withholding of information may result in the rejection of this application or my discharge if discovered after volunteer service begins. I understand this information may be disclosed to any party with legal and proper interest, and I release the agency from liability whatsoever for supplying such information. I understand the hospital may not verify volunteer service hours unless I successfully fulfill my volunteer commitment.

Acceptance and placement to University Hospitals Case Medical Center volunteer program is based upon an interview and the needs of the hospital. You cannot start any volunteer assignment at University Hospitals Case Medical Center until you have successfully completed all the steps in the volunteer process: interview, references and background checks, orientation and training, and health screening.

Signature _____ Date _____



_____ has applied to serve as a volunteer at University Hospitals Case Medical Center and has given your name as a reference.

University Hospitals Case Medical Center is a 947 bed tertiary medical center and is the primary affiliate of Case Western Reserve University School of Medicine. University Hospitals Case Medical Center includes Lerner Tower, Mather Pavilion, Lakeside Hospital for adult medical and surgical care; Rainbow Babies & Children's Hospital; Ireland Cancer Center; MacDonald Women's Hospital; Hanna Pavilion for psychiatric care; and Hanna House Skilled Nursing Center and Rehabilitation Center. Our volunteers serve in administrative offices and areas that provide care and support for our patients and families.

Every volunteer must be able to support patients, family members and visitors in a positive and compassionate manner, while maintaining emotional boundaries. We would appreciate any information that you can share to help us determine the suitability of this person to serve as a volunteer in one of our facilities. Please provide an honest and complete summary of your impressions of the applicant on the reference form included with this letter. Your comments will be held in strict confidence and will not be shared without your permission.

We ask that you return your personal reference in the envelope that has been provided as soon as possible. Please do not hesitate to call us at 216.844.1504 if you have any questions or would like to provide additional information.

Thank you very much for your time and consideration.

Volunteer Services Department
University Hospitals Case Medical Center
Wearn 133
11100 Euclid Avenue
Cleveland, OH 44106
PHONE: 216.844.1504
FAX: 216.844.8796
www.uhhospitals.org/volunteer



University Hospitals Case Medical Center
Volunteer Services Department

Reference Form

University Hospitals Case Medical Center Volunteer Services Department would appreciate your assistance in providing us with a written reference for the volunteer applicant listed below.

I _____ have applied for a volunteer position at University Hospitals Case Medical Center and have given your name as a professional reference. I give permission for the release of the reference information to University Hospitals Case Medical Center. I hereby release my references, my former employers and all institutions/organizations for which I have volunteered or am currently volunteering from all liability for furnishing this information. A copy of this authorization is as valid as the original.

Applicant Signature: _____ Date: _____

Phone Number: _____ E-mail _____



Name of Reference: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Telephone : Day: _____ Evening: _____

E-mail address: _____

1) How long have you known the applicant?

2) In what capacity do you know the applicant? (Professional references only – friends and family members can't complete this form.)

3) The applicant may be working with children, seniors or other vulnerable populations. Do you have any reservations about him/her working in this capacity? If yes, please explain.

(OVER)

4) What do you consider to be the applicant's character strengths and how have they been demonstrated?

5) In what areas do you feel the applicant needs improvement?

Have you discussed these issues with the applicant? Yes_____ No_____

6) Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

	LOW		AVERAGE		HIGH
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Flexibility	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Emotional health and boundaries	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

7) Is there anything else you would like to add concerning the applicant?

8) I authorize you to share this information with the candidate. Yes_____ No_____

Reference Signature _____ Date_____

**Please return this form to the Volunteer Services Department.
The form can also be returned by fax to our office at 216.844.8796.**

**Volunteer Services Department
University Hospitals Case Medical Center
11100 Euclid Avenue
Wearn 133
Cleveland, OH 44106
216-844-1504**