

**Volunteer Services Department: Check facility Bedford \_\_\_\_\_ Richmond \_\_\_\_\_**

**Volunteer Interest Form**

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

-OFFICE USE ONLY-	
Received: _____	Contact Attempts: _____
Interview Date/Time: _____	Bedford or Richmond facility: _____

**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, Day and Year		
Cellular Telephone		Entire 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 UH Regional Hospitals? ___ No    ___ Yes, when and in what area?	
How did you learn of the volunteer program at UH Regional Hospitals?	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? _____	



## Volunteer Services Department

### Volunteer Interest

Indicate day(s) and time(s) you are available to volunteer. Shifts are typically 4 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

Are you applying to volunteer at UH Bedford Or UH Richmond Medical Center?

### 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 and 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 Cleveland 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 Bedford/Richmond Medical Center volunteer program is based upon an interview and the needs of the hospital. You cannot start any volunteer assignment at University Hospitals 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 \_\_\_\_\_