University Hospitals
Parma Medical Center

PARMA HOSPITAL AUXILIARY
ADULT VOLUNTEER APPLICATION

Full Name: _____
Last Name First Name Miss/Mrs./Ms./Mr. Spouse Name

Address _____Apt. No._____ City_____Zip_____

Primary Phone ( ) _____ Business Phone ( ) _____ Cell Phone ( ) _____

E-mail Address: _____ Birthdate: Month_____ Day_____

Contact in Case of Emergency: _____Relationship: _____

Primary Phone ( ) _____ Cell Phone ( ) _____

Personal Physician: _____Phone No. ( ) _____

PERSONAL REFERENCES: Please do not use family members as a reference. Be sure to include the full name, address, and telephone number for each reference.

1. Name: _____Phone No. ( ) _____

Address: _____City_____Zip_____

2. Name: _____Phone No. ( ) _____

Address: _____City_____Zip_____

Why would you like to volunteer at this hospital? _____
_____

Please list who referred you: _____

Indicate Type of Volunteer Work Preferred

{ } Direct patient contact (e.g., Nursing Unit, Patient Transportation, Radiology, etc.)
{ } Limited patient contact (e.g., Information Desk, Surgery Waiting Room, etc.)
{ } No patient contact (e.g., Gift Shop, Coffee Shop, Clerical/Office Work, etc.)

Indicate Activity Level Preferred

{ } Can tolerate considerable walking/standing over a period of hours
{ } Can tolerate a little walking/standing over a period of hours
{ } Sedentary position required

Do you have any physical limitations? If so, please list: _____

- PLEASE CONTINUE TO BACK SIDE OF APPLICATION -

CONFIDENTIALITY STATEMENT: All information concerning patients is confidential. Breach of confidentiality could result in a lawsuit against the Hospital and against the individual revealing private information. A State Privacy Act places restrictions on the release of certain information. Revealing that a person is a patient in the Hospital without their consent is also a breach of confidentiality.

DISMISSAL: The Auxiliary Executive Committee and the Manager of Volunteer Services, in agreement, have the authority to dismiss a volunteer. This may occur if they feel the service of a particular volunteer is detrimental to University Hospitals Parma Medical Center, the Auxiliary and/or any patient, employee, visitor or staff member or that the volunteer has not met the requirements of the volunteer program.

TERMINATION: To quit a service or to change to another service area, notify your Chairman.

PLEASE NOTE:

- Volunteers do not take the place of salaried staff at University Hospitals Parma Medical Center. Volunteer service does not lead to paid employment.
- Your signature indicates your approval for verification of references. The organization is NOT obligated to provide a volunteer position nor are you obligated to accept the volunteer position offered.
- Opportunities for volunteers are provided without regard to race, color, national origin, age, religion, sex, or disability.
- The above information is accurate and correct to the best of my knowledge.

Volunteer Applicant Signature: _____ Date: _____

Interviewer: _____ Date: _____