



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

APPLICATION FOR VOLUNTEER SERVICES

PLEASE CHECK DESIRED LOCATION:

UM UPPER CHESAPEAKE MEDICAL CENTER (Bel Air)
 UM HARFORD MEMORIAL HOSPITAL (Havre de Grace)

VOLUNTEER CLASSIFICATION:

JUNIOR (Age 15 and completed the 9th grade - 17 years of age)
 SENIOR (AGE 18 - OVER)

PERSONAL INFORMATION

NAME

LAST FIRST MI

ADDRESS

STREET

CITY STATE ZIP

PHONE

HOME WORK CELL

DATE OF BIRTH GENDER EMAIL ADDRESS

EDUCATIONAL/EXPERIENCE BACKGROUND

ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO

IF YES,

NAME OF SCHOOL HIGHEST GRADE COMPLETED

OCCUPATION OR PROFESSIONAL TRAINING (CURRENT OR PREVIOUS)

OTHER SKILLS NOT PREVIOUSLY ADDRESSED

COMMUNITY AND ORGANIZATIONAL AFFILIATIONS

LIST PREVIOUS VOLUNTEER EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY OR VOLUNTEERED AT UPPER CHESAPEAKE HEALTH?
(this includes UCH, HMH, FGH, UCMC and Hospice/Homecare)

HOW DID YOU LEARN ABOUT OUR PROGRAM?

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO



HEALTH RECORD

- PROVIDE A COPY OF YOUR MMR (MEASLES, MUMPS, RUBELLA) and VARICELLA (Chicken Pox) VACCINATIONS. CERTAIN PATIENT CONTACT VOLUNTEERS MAY ALSO BE REQUIRED TO BE VACCINATED AGAINST HEPITITUS-B.
- PROVIDE A COPY OF YOUR LAST TB SKIN TEST (PPD). YOU WILL BE REQUIRED TO PROVIDE PROOF OR RECEIVE A PPD IF YOU HAVE NOT HAD A TEST WITHIN THE YEAR.
- YOU WILL BE REQUIRED TO PROVIDE A COPY OF OR OBTAIN A FLU VACCINE DURING FLU SEASON.

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS THAT WOULD AFFECT YOUR PLACEMENT AS A VOLUNTEER?

_____ NO _____ YES, PLEASE EXPLAIN _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME	RELATIONSHIP	PHONE
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I HEREBY CERTIFY THAT THE ANSWERS AND EXPLANATIONS TO ALL PRECEDING QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NAME	DATE
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PARENTAL CONSENT FOR JUNIOR VOLUNTEER (REQUIRED)

_____ has my approval to participate in the Upper Chesapeake Health Junior Volunteer Program. I understand that my child will be responsible for adhering to the rules and regulations set forth by the Volunteer Services Department. Non-conformance to set policies and procedures could result in termination from the program. My signature will give authorization to participate in this program, including orientation, in which fire and safety procedures and health issues, including AIDS education and infection control practices are discussed.

In addition, _____ has my consent for a PPD test for tuberculosis and a chest x-ray, (if indicated) to be done on an annual basis.

_____, also has my consent to receive a Seasonal Influenza Vaccine.

SIGNATURE	RELATIONSHIP TO MINOR	DATE
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