

Volunteer/Auxiliary Application

UM Baltimore Washington Medical Center

301 Hospital Drive

Glen Burnie, Maryland 21061

An Affiliate of the University of Maryland Medical System (UMMS)

***Be a part of something greater.***

**Our Volunteer Philosophy and Vision:**

The University of Maryland Baltimore Washington Medical Center prohibits discrimination of volunteers on the basis of race, color, age, sex, sexual orientation, religion, national origin, disability, ethnicity, or marital status. We are dedicated to providing an environment that encourages and promotes volunteer participation from and in all segments of our community. Our volunteer vision is to establish volunteer partnerships that create a stronger medical center, healthy system and community, and build a legacy of leadership in the future.

**Personal Information**

Full Name: Click here to enter text.

Home Phone: Click here to enter text.

Cell Phone: Click here to enter text. Yes, text me!  No, do not text.

Alternate Phone: Click here to enter text.

Email Address: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Do you have any physical or emotional limitations we must consider in your volunteer placement? Yes  No

If yes, please explain: Click here to enter text.

**References**

Please provide two personal and/or professional references that are not relatives.

1. Name: Click here to enter text. Street Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text. Phone Number: Click here to enter text.
2. Name: Click here to enter text. Street Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text. Phone Number: Click here to enter text.

**Emergency Contact**

Name: Click here to enter text. Phone Number: Click here to enter text. Relationship: Click here to enter text.

**Employer/Business Information**

Name of Employer/Business: Click here to enter text. My Job Title: Click here to enter text. Street Address of Employer/Business: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text. Name of Supervisor: Click here to enter text. Title of Supervisor: Click here to enter text.

**Education Information**

High School: Click here to enter text. Location: Click here to enter text.

Diploma or GED? Yes  No

Advanced Education – College, University or Technical

Name of Institution: Click here to enter text. Location: Click here to enter text. Dates Attended: Click here to enter text. Major/Course of Study: Click here to enter text. Degree(s) Granted: Click here to enter text.

Advanced Education – College, University or Technical

Name of Institution: Click here to enter text. Location: Click here to enter text. Dates Attended: Click here to enter text. Major/Course of Study: Click here to enter text. Degree(s) Granted: Click here to enter text.

**Languages**

Please list other languages you speak and/or write fluently.

Languages I *speak* fluently: Click here to enter text.

Languages I *write* fluently: Click here to enter text.

**Volunteer Information**

Is your interest in our volunteer program in conjunction with a school or court requirement? Yes  No

If yes, explain fully: Click here to enter text.

Why do you want to volunteer at the University of Maryland Baltimore Washington Medical Center (UM BWMC)? Click here to enter text.

Who referred you to UM BWMC? Click here to enter text.

Have you volunteered at any hospital in the past? Yes  No

If yes, please name which hospital, your job duties, and the time period you were there. Click here to enter text.

Have you ever been convicted of a criminal offense? Yes  No  If yes, please explain fully: Click here to enter text.

Describe your participation in other volunteer activities and organizations: Click here to enter text.

**Statement of Confidentiality**

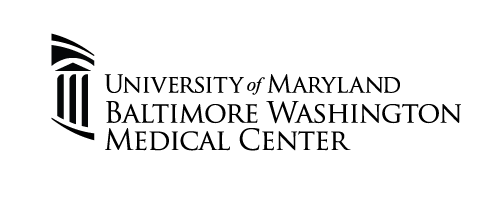
At the University of Maryland Baltimore Washington Medical Center, the confidentiality of patient and hospital records is a primary concern. The medical center requires that you maintain confidentiality of patient medical records, patient and medical center financial data, and any patient, associate, physician or medical center information obtained through your job duties and/or through your service with this medical center. Violation of confidentiality will result in correct action, up to and including discharge. I have read, understood, and agree to abide by this Statement of Confidentiality.

Volunteer’s Name: Click here to enter text.

I hereby affirm that my statements and answers to all questions in this application are true and correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would affect my application unfavorably.

Volunteer’s Name: Click here to enter text.

*(If you print this application and bring the physical copy to the volunteer interview with you, please have each person physically sign and date underneath their typed name(s). If you submit this application electronically, you will be asked to sign and date the application during your volunteer interview.)*



**Mission Statement:**To provide the highest quality health care services

to the communities we serve.

**Vision Statement:**   
To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.