



APPLICATION FOR VOLUNTEER SERVICES

PLEASE CHECK DESIRED LOCATION:

- UM UPPER CHESAPEAKE MEDICAL CENTER (Bel Air)**
- UM UPPER CHESAPEAKE HEALTH (Aberdeen)**

VOLUNTEER CLASSIFICATION:

JUNIOR (Age 16 – 17)

Area of Interest:

- Nursing Units**
- Outpatient Offices/Admin Support**
- Kaufman Cancer Center**
- Chaplaincy**
- Behavioral Health**

SENIOR (AGE 18+)

PERSONAL INFORMATION

NAME

LAST **FIRST** **MI**

ADDRESS

STREET

CITY **STATE** **ZIP**

PHONE

HOME **WORK** **CELL**

DATE OF BIRTH **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?

____ Yes ____ No

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 _____

Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor or a felony? Provide dates and details for any or all convictions and pending cases below. Including, but not limited to major traffic violations, writing bad checks and DUI.

AS PART OF THE VOLUNTEER APPLICATION PROCESS A BACKGROUND CHECK WILL BE COMPLETED PRIOR TO YOUR PLACEMENT.

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance as a volunteer at UM UCH is contingent upon satisfactory completion of all pre-placement procedures which include but are not limited to an interview, criminal background investigation and orientation.
- I realize that any misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
- I agree to comply the policies of UM UCH. I understand that upon my successful completion of the volunteer placement processes required at UM UCH and the approval for service by Volunteer Services team, I will become a volunteer.
- The Volunteer Services Department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age, sex or disability.

I Agree *

Signature of Applicant

Date



PARENTAL APPROVAL FOR JUNIOR VOLUNTEER

_____ has my approval to participate in the University of Maryland 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. Consent is also given for a titer to be drawn if proof of the recommended number of doses for the MMR, Varicella vaccines cannot be provided. Consent is also given to provide any necessary vaccines the volunteer may need.

_____, also has my consent for an Annual Influenza Vaccine.

Reasons I do not wish my child to take the vaccine – please check all that apply:

- Received elsewhere – I have provided written verification with this form:
 - Personal physician's office
 - Outside vendor (Pharmacy, grocery store, etc.)
 - Other employer
- Allergy to the vaccine. ***(see below)**
- History of Guillain-Barre syndrome. ***(see below)**
- Do not wish to receive the influenza vaccine due to sincerely held religious beliefs that prohibit our family from receiving the vaccine. I further understand that social, political or personal preferences are not "sincerely held religious beliefs."

****I have provided written verification from my physician with this form.***

Please check where your child will be volunteering.

- University of Maryland Upper Chesapeake Medical Center, Bel Air
- University of Maryland Upper Chesapeake Health Aberdeen Campus

Signature

Relationship to Minor

Date

You can scan the application to: uchvolunteer@umm.edu

Or mail to: UM UCH Volunteer Office, 500 Upper Chesapeake Drive, Bel Air, MD 21214

Or drop it off at the office located at the address above. Please call 443-643-1725 with any questions. You will be contacted for a remote interview. Thanks for your interest!