

Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at Children's Hospital of Pittsburgh of UPMC. Joining the dedicated team of Children's Hospital volunteers can be a rewarding experience. The patients, families and staff greatly appreciate Children's volunteer support.

We require a two-semester commitment for students and a one-year commitment for non-students. So, do consider work and family obligations before making a decision to volunteer.

Please complete the enclosed application, making sure that all information is accurate and complete. Contact two individuals (other than family members) who can complete the enclosed reference forms. Ask these individuals to mail the completed forms to Volunteer Services.

Once your completed application is received, it will be reviewed by Volunteer Services, and you will be called for an interview when a position becomes available matching your skills and availability.

Prior to starting the volunteer assignment, all volunteers must attend an orientation session, get a tuberculosis test and comply with Act 33/34 requirements (Criminal Record Check and Child Abuse History Clearance). All of these requirements will be managed by Volunteer Services and will be discussed at your interview.

If you have any questions concerning the volunteer program or the volunteer process, please contact the number listed below. We look forward to your participation.

Sincerely,

Volunteer Services Department  
Children's Hospital of Pittsburgh of UPMC  
412-692-5185

## VOLUNTEER APPLICATION

### Department of Volunteer Services

Children's Hospital of Pittsburgh of UPMC is an equal opportunity employer. Federal, state and local laws/regulations prohibit discrimination on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, disability, veteran status and age. The information on this application is not solicited for, nor shall it be used for, the purpose of unlawful discrimination.

**INSTRUCTIONS:** If assistance or accommodation is required to complete this application, please notify the Volunteer Services Office. Please print all requested information and complete both sides of the application.

Today's Date \_\_\_\_\_ (mm/dd/yy)    Date Available to Begin \_\_\_\_\_ (mm/dd/yy)    Anticipated Length of Service \_\_\_\_\_ (mm/dd/yy)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Student Phone \_\_\_\_\_

School Address (if student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

**YES    NO**

Are you at least 18 years of age?

Are you authorized to work in the United States?

Are you willing and able to comply with the requirements of the Child Protective Services Law as amended by Act 33?

Have you ever been convicted of or pled guilty to a felony charge?  
 If yes, please give exact details of conviction, offense, where committed, sentencing, court and date, and nature of sentencing.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by Children's Hospital of Pittsburgh of UPMC? If yes, please specify:  
 Dates of employment from \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yy)    Department \_\_\_\_\_

Have you ever been referred to Children's Hospital by any current employee or member of the medical staff?  
 If so, please specify the person and department. \_\_\_\_\_

**EDUCATION**

Do you have either a high school diploma or GED?     YES     NO

Do you have a college degree?     YES     NO    **If Yes List:** Degree \_\_\_\_\_ Major \_\_\_\_\_

**INTERESTS**

How did you become interested in volunteering at CHP? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish at CHP as a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER ASSIGNMENT PREFERENCES (Please check all that apply):**

- Working with Children       Working with Families
- Clerical/Office Support       Fundraising
- Special Events

**CHECK THE TIMES YOU ARE AVAILABLE.**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific Interest: \_\_\_\_\_

*(Continued on reverse side.)*

**VOLUNTEER ACTIVITIES**

List any organization/club to which you belong or have belonged, and/or any other experience with volunteer service. Attach separate sheet if necessary.

Name of Organization \_\_\_\_\_ Position \_\_\_\_\_

Dates of Service \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Name of Organization \_\_\_\_\_ Position \_\_\_\_\_

Dates of Service \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Positions Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

May we contact supervisor?  Yes  No

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Positions Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

May we contact supervisor?  Yes  No

**REFERENCES**

List two (2) references (other than family members).

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

**APPLICANT'S STATEMENT AND AUTHORIZATION**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omission may disqualify me from further consideration for volunteer service and may be considered justification for dismissal at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such information, and release from all liability or responsibility all persons and organizations requesting or supplying such information. To the fullest extent permitted by law, I further authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of the volunteer position for which I am being considered or any future volunteer position in the event that I am selected as a volunteer.

I understand that any offer of volunteer service may be conditioned upon my completion of a physical examination and/or drug screen to the satisfaction of Children's Hospital of Pittsburgh of UPMC.

I understand that my volunteer service is terminable-at-will, that I am not being selected for any specified time, and that this application is not and is not intended to be a contract for continued volunteer service.

I agree to abide by all hospital policies and procedures. I acknowledge the right of the hospital to change, interpret, add, or withdraw policies, benefits, or terms and conditions of volunteer service at its discretion, with or without notice to any volunteer.

I hereby release Children's Hospital and any and all of my references and former employers from any liability for any damages due to releasing information regarding me.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yy)



*Please complete and return to:*  
 Children's Hospital of Pittsburgh of UPMC  
 Volunteer Services Department  
 4401 Penn Avenue  
 Pittsburgh, PA 15224  
 412-692-5185  
 412-692-8468 (Fax)  
 chpvolunteer@chp.edu

**VOLUNTEER APPLICANT REFERENCE**  
 CONFIDENTIAL

\_\_\_\_\_ has applied for a volunteer position at Children's Hospital of Pittsburgh of UPMC. Please complete this reference form and return it to our office. The information you provide will be considered confidential. Thank you!

- How long have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_
- In what capacity do you know the applicant? \_\_\_\_\_  
 \_\_\_\_\_
- Do you feel the applicant is appropriate for interaction with hospitalized children and their families? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please comment on applicant's integrity, attitude and dependability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the applicant, as far as you know, have any limitations which might impact upon his/her ability to perform a volunteer assignment? If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City, State, ZIP Code)

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 \_\_\_\_\_
- In what capacity do you know the applicant? \_\_\_\_\_  
 \_\_\_\_\_
- Do you feel the applicant is appropriate for interaction with hospitalized children and their families? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please comment on applicant's integrity, attitude and dependability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the applicant, as far as you know, have any limitations which might impact upon his/her ability to perform a volunteer assignment? If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City, State, ZIP Code)

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_