

UNITED MEMORIAL MEDICAL CENTER  
ADULT VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Number of hours per week you would like to volunteer: \_\_\_\_\_

Please indicate the days and times you are available to volunteer in the box below:

|           | MORNING | AFTERNOON | EVENING |
|-----------|---------|-----------|---------|
| MONDAY    |         |           |         |
| TUESDAY   |         |           |         |
| WEDNESDAY |         |           |         |
| THURSDAY  |         |           |         |
| FRIDAY    |         |           |         |
| SATURDAY  |         |           |         |
| SUNDAY    |         |           |         |

**What type of volunteer work and what areas interest you? Check appropriate choices**

- |  |  |
|--|--|
| <input type="checkbox"/> Gift Shop Clerk     | <input type="checkbox"/> Patient/Visitor Escort          |
| <input type="checkbox"/> Maternity Volunteer | <input type="checkbox"/> Surgical Waiting Room Volunteer |
| <input type="checkbox"/> Patient Menu Aide   | <input type="checkbox"/> Other; please specify interest  |

As per hospital policy, all volunteers must meet specific health requirements before you begin your volunteer assignment. You will also be required to have a health assessment on an annual basis.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN APPLICATION TO: Volunteer Coordinator, United Memorial Medical Center, 127 North Street, Batavia, NY 14020. For additional information please call the Volunteer Coordinator at 344-7432 or email [stacey@ummc.org](mailto:stacey@ummc.org).

VOLUNTEER APPLICATION - PART II

NAME \_\_\_\_\_

Do you belong to any civic or community organizations? \_\_Yes, please list \_\_No

ORGANIZATION

POSITION HELD

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Please list all previous volunteer experiences:

ORGANIZATION

FROM

TO

VOLUNTEER POSITION

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Please list the two most recent work experiences you have had:

ORGANIZATION

FROM

TO

POSITION HELD

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Education: Highest grade completed? \_\_\_\_\_ Where?

Please list any special skills or hobbies:

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Are there any physical limitations or accommodations you may need to volunteer at the hospital?

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List Two References (Employment or Personal, but **not** a relative- Give Name, Title and Telephone Number):

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_