

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 sdoemling@ummc.org.

