

PLEASE PRINT CLEARLY AND LEGIBLY

UPHH VOLUNTEER APPLICATION

RETURN TO: Volunteer Services Manager
2800 E. Ajo Way, Tucson, AZ 85713
(520) 874-2596 OR 874-4091

BIOGRAPHICAL INFORMATION

NAME: LAST	FIRST	MIDDLE	
DATE OF BIRTH: MM/DD/YYYY	/	/	
MAILING ADDRESS			
CITY	STATE	ZIP	
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	MOBILE/BUSINESS PHONE		
SCHOOL/WORK EMAIL			
PERMANENT EMAIL			

Complete only if currently employed by UPH Hospital or University Physicians Healthcare

Department	Supervisor	Title
Date of Hire		
HR Sign-off approval	Date	
Employed for 6 months	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Volunteer Position does not conflict with work schedule	YES <input type="checkbox"/>	NO <input type="checkbox"/>
No disciplinary action has ever been taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has it been expunged from your record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If previously convicted of a felony or misdemeanor that has not been expunged, please list the following: Month/Year _____ Specific Charge _____		

EMERGENCY CONTACT INFORMATION

Contact 1:		
NAME	RELATIONSHIP	
ADDRESS	TELEPHONE	
CITY	ST	ZIP
Contact 2:		
NAME	RELATIONSHIP	
ADDRESS	TELEPHONE	
CITY	ST	ZIP



OTHER INFORMATION

Please describe any previous volunteer experiences that you wish us to know about:

Please explain what assets you bring and what you hope to gain during your time:

REFERENCES

Please list the contact information for two people who are able to provide letters of recommendation for your application to the UPH volunteer program; these letters will be required when you complete your interview. College and technical school students should note that an additional letter of sponsorship is required from a college professor whom is currently overseeing your academic pursuits.

1st REFERENCE

NAME _____

PHONE NUMBER #1 _____ PHONE NUMBER #2 _____

FAX NUMBER _____ EMAIL ADDRESS _____

2nd REFERENCE

NAME _____

PHONE NUMBER #1 _____ PHONE NUMBER #2 _____

FAX NUMBER _____ EMAIL ADDRESS _____

3rd REFERENCE: FOR COLLEGE AND TECHNICAL SCHOOL STUDENTS ONLY

PROFESSOR NAME _____

DEPARTMENT _____

PHONE NUMBER #1 _____ PHONE NUMBER #2 _____

FAX NUMBER _____ EMAIL ADDRESS _____

DEPARTMENT REQUEST

Departments with volunteer opportunities are listed below. Please indicate the three departments where you prefer to work.

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Greeter (at hospital's front desk) |
| <input type="checkbox"/> Clinics | <input type="checkbox"/> Intensive Care Unit |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Medical Surgical Floor |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Outpatient Surgery |
| | <input type="checkbox"/> Translator |

COLLEGE AND TECHNICAL STUDENT INFORMATION

Please indicate the healthcare profession that you are most interested in:

- | | |
|--|--|
| <input type="checkbox"/> Chiropractic medicine | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Physician (MD/DO) |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other _____ |

SCHEDULE REQUEST

Please list days and times that you are available to volunteer, from most to least desirable:

DAY _____ TIME AVAILABLE _____

DAY _____ TIME AVAILABLE _____

DAY _____ TIME AVAILABLE _____

Please note that a minimum requirement for volunteering is 4 hours per week, for at least 12 months. Students are expected to volunteer 50 hours per semester and must keep a diary of their experiences to be submitted at the end of their tenure.

APPLICATION CHECKLIST

Before beginning to volunteer at UPH, there are several more steps that must be completed. These are listed below in checklist form so you can keep track of your application's progress.

Step 1: The following documents must be downloaded from the UPH website and submitted to Volunteer Services at UPH Hospital. It is required that documents be printed, read and signed:

- Access Badge Form
- Confidentiality & Non-Disclosure Agreement
- Dress Code Policy
- Infection Control Policy
- Lifting and Transportation Limitations
- UPH Mission Statement
- UPHH Volunteer Application
- Volunteer Commitment Form
- Volunteer Emergency Information

Along with the following information, if available:

- * Proof of MMR (Measles, Mumps, Rubella) vaccination.
- * Proof of current TB test.
- We also recommend that students working in the Emergency Room get a Hepatitis B vaccine, although it is not required.
- Flu Shots are provided to all volunteers.

** if these items are not available and you are accepted into the program, UPH will provide tests and/or immunizations as required.*

Step 2: Submit your application along with the documents via:

In Person: drop off at UPH Hospital at Volunteer Services, Room 5100A

Via Mail: mail to: Maureen L. Shea, Manager, Volunteer Services, UPH Hospital, 2800 E. Ajo Way, Tucson, AZ 85713

Step 3: After you submit your application, a Volunteer Services representative will contact you to schedule an interview. You should bring the following documents to the interview:

- Two letters of recommendation (*FOR STUDENT APPLICANTS ONLY* – one additional letter of recommendation from a college professor who is overseeing a class in which you are currently enrolled)
- \$14.50 for a volunteer polo shirt (cash, check, or money order only)

Step 4: At your interview, you will sign up for Orientation; a training session to allow you to meet your fellow volunteers and learn the practical skills you will need to volunteer at UPH. You should wear your volunteer polo and badge to Orientation and bring the following:

- A photocopy of two forms of ID (this will be reviewed during your interview)