



University of Cincinnati Medical Center
Volunteer Application

We Welcome Applicants of Any Race, Color, Sex, Age, Religion, Creed, Disability, Ancestry, or National Origin

Name (last, first, middle) Phone Email Date

Other name under which you previously volunteered/worked

Address (street, city, state, zip) Social Security Number

Personal Information

Education (Last year completed) College Attending

Degree Other (vocational, technical, etc.)

Employment (list last or present place of employment)

Employer (firm) Department From To

Employer Address

Occupation/Responsibilities

Previous and Present Volunteer Experience

Personal References (not relatives)

Name Phone Email

Name Phone Email

Name Phone Email

Miscellaneous Information

How were you referred to UC Medical Center? Friend Relative Other

Interests, hobbies, skills or special training

Is there a specific area in which you would like to volunteer? What day(s) are best for you? What time(s)?

Table with 3 columns: Previously volunteered/employed by University of Cincinnati Medical Center, If yes, when, Last position held. Includes rows for relatives and location/position details.

Health Information

Date of birth Health limitations

Are you under a physician's care Yes No Name of Physician

Background/OIG Check

Other than minor traffic violations, have you ever been convicted of any crime, including misdemeanors for which you received a ticket? Yes No If the answer is yes, furnish the details of the conviction, the offense, location, date and sentence. A conviction record will be conducted. A record will not necessarily be a bar of service.

| Date of Conviction | | | | | |
|--------------------|--|------|----------------|--------|-------------|
| Month | | Year | City and State | Charge | Disposition |
| 1 | | | | | |
| 2 | | | | | |

The Office of Inspector General will make a reasonable inquiry into the status of any associate, contractor, or volunteer to show concerns of any Medicaid or Medicare fraud, should their be reason for concern you will be contacted.

Non Smoking

University of Cincinnati Medical Center is committed to providing a safe and healthy workplace and to promoting the health and well-being of its employees. Consistent with this commitment, University of Cincinnati Medical Center prohibits smoking on its hospital grounds.

Signature

I certify that all of my answers and statements are complete and true. I hereby authorize my references to furnish complete and honest information to the hospital. I realize that falsification or omission of any information, receipt of a poor reference, or a conviction record may be cause for withdrawal of any volunteer offer. I understand that this application is not a contract for service. I also understand and agree that, if accepted, my service would be for a mutually agreed period of time.

I have read and understand the above information. _____(signature of applicant)

As a volunteer at University of Cincinnati Medical Center:

1. I will be punctual and conscientious in the fulfillment of my duties, and if for any reason I cannot serve at the assigned time, I will notify the volunteer services department.
2. I will conduct myself with dignity, courtesy and consideration.
3. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the staff and will not seek information in regard to a patient.
4. I will take any problems, criticism or suggestions to the volunteer services department.
5. I will endeavor to make my work of the highest quality.
6. I will uphold the standards and policies of the hospital.
7. I will attend any hospital/volunteer department continuing education programs which will help me improve my service to the hospital, and which are required.
8. I understand that failure to comply with the above could result in termination.

Signature _____ Date _____