



UNIVERSITY HOSPITAL

Newark, New Jersey

University Hospital

An Affirmative Action/Equal Opportunity Employer

VOLUNTEER INFORMATION SHEET

Name: _____ Social Security # _____
 (Last Name) (First Name) (MI)
 Phone # (Home): _____ Cell: _____
 Address: _____ Apt # _____ City: _____ State: _____ Zip Code: _____

EDUCATION

HIGH SCHOOL NAME: _____ ADDRESS: _____
 Last Year Completed: _____ Did you graduate? YES NO
 Diploma Equivalent
 COLLEGE/UNIVERSITY: _____ ADDRESS: _____
 Major/Specialization: _____ Did you graduate? YES NO
 Last Year Completed: _____
 Diploma/Degree received: _____
 TRADE/BUSINESS SCHOOL: _____ ADDRESS: _____
 Did you graduate? YES NO
 Diploma/Degree received: _____
 Driver's License #: _____ State Where Issued: _____ Exp. Date: _____

PROFESSIONAL CERTIFICATION/LICENSE

License/Document No. : _____
 Type of Document: _____ Date Issued: _____ Exp. Date: _____
 LIST ADDITIONAL SKILLS:

Do you have the legal right to reside in the U.S.? YES NO
 Alien Registration No. : _____ Visa: _____ Exp. Date: _____
 Naturalization No. _____ Date: _____ Place: _____

Have you been convicted of a crime or found guilty of disorderly person's offense or misdemeanor (exclude any minor motor vehicle offenses)? YES NO
 If yes, explain on a separate sheet and attach to application. Include any crimes, misdemeanors, or disorderly convictions.

Why do you want to volunteer?

VOLUNTEER & EMPLOYMENT HISTORY (List last three, starting with most recent)

From: _____ To: _____
 Employer: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Job Title: _____
 Responsibilities: _____

Reason for leaving: _____
 Immediate Supervisor: _____ Phone No. _____
 If currently employed, may we contact your employer? YES NO

From: _____ To: _____
 Employer: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Job Title: _____
 Responsibilities: _____

Reason for leaving: _____
 Immediate Supervisor: _____ Phone No. _____
 If currently employed, may we contact your employer? YES NO

From: _____ To: _____
 Employer: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Job Title: _____
 Responsibilities: _____

Reason for leaving: _____
 Immediate Supervisor: _____ Phone No. _____
 If currently employed, may we contact your employer? YES NO

I hereby release from liability all persons; corporations, or other organizations furnishing information. I am aware that my *volunteer status* with Hospital is conditional depending on the results of verification of references, license, educational background, criminal background check, and if required, a physical examination. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief in this application will be sufficient cause for cancellation of the *application for a volunteer position, and/or termination of my volunteer services*. I hereby give University Hospital permission to investigate all references and to secure any additional information that may be required.

In accordance with Federal Law UH will not employ or enter into contracts with any individual or entity that is currently excluded by the Office of the Inspector General (OIG) and/or the General Services Administration (GSA) from participating in Federal programs.

I have read the above statement and I do certify that I am not currently excluded by the OIG and/or the GSA from participating in Federal healthcare programs.

Signature: _____ **Date:** _____



DISCLOSURE AND AUTHORIZATION FORM

(Faculty, Staff, Housestaff, Volunteers)

In connection with my application for employment or volunteer services with UH, I understand that a consumer report or investigative consumer report, as those are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 USC 1681 et seq., may be obtained by UH from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other termination of past employments. I further understand that the consumer reporting agency may not give out information about me to UH without my written consent.

I understand that I am entitled to be informed if an offer of employment or volunteer assignment is withheld because of information obtained from the consumer reporting agency: and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a "Summary of your Rights Under the Fair Credit Reporting Act."

I hereby authorize UH where I will be expected to work to obtain consumer reports in connection with my application for employment or volunteer service with UH. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to UH and/ or their representative's information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. UH will not run a credit check on an applicant as part of the investigation unless the position or volunteer assignment for which applied requires financial information on a prospective candidate. The candidate will be notified if a credit check is required.

Please Print

Name: _____ SS#: _____

Other name(s) used: _____

Applicant Signature: _____ Date: ___/___/___

UH – University Hospital

CONFIDENTIAL

Replacement Health Questionnaire
To be completed by the Volunteer

Name (please print) _____
Last First Middle

Mailing Address _____
Street Apt. #

City State Zip Code

Home Telephone Number: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ Age: _____ Birthplace: _____

Height _____ Weight: _____ Sex: Female ____ Male ____

Marital Status: Married ____ Widowed ____ Divorced ____ Single/Never Married ____

Person to Contact in Emergency: _____ Relationship: _____

Address: _____

Emergency Telephone Number: _____

Primary Personal Physician: _____ Telephone No. _____

Have you ever been hospitalized or treated at University Hospital? Yes ____ No ____

Current Employer: _____ Company Insurance: _____

Volunteer Position Applied for (if know): _____

Department: _____ Work location: _____ Work Number: _____

How would you describe your health? Excellent ____ Good ____ Fair ____ Poor ____

VOLUNTEER PLEDGE

Believing University Hospital-UH has a real need of my service while working through the Volunteer Program.

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously

I will wear my uniform at all times while on duty at the hospital. This includes lunch hour and walking to and from my assignment. I will be careful to always wear a clean uniform and to present a neat appearance.

I will consider as confidential all information which I may hear or see directly or indirectly in the hospital.

I will report to the supervisor in the area to which I am assigned and be sure she/he knows my name, the hours and days I will be working with her/him. I will not leave my assignment without telling her/him how long I will be gone.

I understand my hours are _____ If I find I must change them, I will discuss it with the Manager of Volunteer Services.

I understand that meal vouchers or parking validation are benefits given to those volunteers who donate four hours or more on the day they volunteer

I will take my problems, criticisms or suggestions to the Manager of Volunteer Services.

If I find I cannot continue my volunteer work temporarily or permanently, I will so inform the Volunteer Office.

I will up-hold the traditions and high standards of the Hospital and the Volunteer Program.

(Volunteer Signature)

Date



NEW JERSEY WORKERS' COMPENSATION ACT

I, _____ understand and agree with the following conditions concerning services performed by me as a volunteer worker.

It is understood that Volunteer Workers are not covered by the New Jersey Workers Compensation Act. (This does not apply to statutory exception for volunteer ambulance drivers).

It is understood that if a Volunteer Worker is uninsured while performing services on UH premises the Hospital will provide at the time of injury reasonable emergency medical treatment for the injury without charge, regardless of apparent fault and that it is also understood that the provision of emergency medical services does not constitute an admission of liability on the part of University Hospital.

Signature of Volunteer Worker

Date

Name (please print): _____
Last First Middle

	NO	YES	PLEASE EXPLAIN ALL YES ANSWERS
Smoke cigarettes currently?			
Smoked cigarettes ever?			
Drink alcohol, including beer, wine, or other liquor?			
Used non-medicinal ("recreational") drugs?			
Difficulty wearing medical (latex) gloves or other latex products?			

I certify that the above is accurate and true to the best of my knowledge.

Signature _____ Date _____



**CONFIDENTIALITY AGREEMENT
VOLUNTEER SERVICES DEPARTMENT**

I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES AS A VOLUNTEER OF UNIVERSITY HOSPITAL, I MUST HOLD MEDICAL INFORMATION IN CONFIDENCE. FURTHER, I UNDERSTAND THAT INTENTIONAL OR INVOLUNTARY VIOLATION OF UNIVERSITY HOSPITAL'S CONFIDENTIALITY MAY RESULT IN TERMINATION OF MY SERVICES AS A VOLUNTEER.

SIGNATURE

DATE



TERMINATION OF A VOLUNTEER ASSIGNMENT

I understand and agree that as The University Hospital appreciates my contributions of service time to the hospital.

I _____ agree to perform only the volunteer duties that are listed in the position description that I signed when commencing my volunteer assignment. I understand that any assistance I provide will not include any duties that require hands on contact with the patients.

I understand that The University Hospital is not obligated to have volunteer assistance but has decided to have assistance at its own discretion and has the right to terminate a volunteer's assignment at anytime as it may see necessary.

I have read the above information and am in full understanding.

Volunteer Name (Print) _____

Volunteer's Name (Sign) _____

Date: _____