



# VOLUNTEER INFORMATION SHEET

*An Affirmative Action / Equal Opportunity Employer*

**Name:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
(Last Name) (First Name/Initial) (Middle Name/Initial)

**Address:** \_\_\_\_\_ (Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) (Zip Code)  
(Street)

**Phone Numbers:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Other)

**EDUCATION (List Name and Address of School)**

**HIGH SCHOOL:** \_\_\_\_\_ Diploma  Equivalent   
**Last Year Completed:** \_\_\_\_\_ **Did you graduate?** Yes  No

**COLLEGE/UNIVERSITY:** \_\_\_\_\_ **Major/Specialization:** \_\_\_\_\_  
**Last Year Completed:** \_\_\_\_\_ **Did you graduate?** Yes  No

**TRADE/BUSINESS SCHOOL:** \_\_\_\_\_ **Did you graduate?** Yes  No   
**Diploma/Degree Received:** \_\_\_\_\_

**GRADUATE SCHOOL:** \_\_\_\_\_ **Did you graduate?** Yes  No   
**Diploma/Degree Received:** \_\_\_\_\_ **Major/Specialization:** \_\_\_\_\_

**DRIVER'S LICENSE No.** \_\_\_\_\_ **State Where Issued:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**PROFESSIONAL CERTIFICATION/LICENSE:** **License/Document No.** \_\_\_\_\_  
**Type of Document:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**LIST ADDITIONAL SKILLS:** \_\_\_\_\_

**Do you have the legal right to reside in the U.S.?** Yes  No

**Alien Registration No.** \_\_\_\_\_ **Visa:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Naturalization No.** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Have you been convicted of a crime or found/pled guilty of a 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.** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

I hereby release from liability all persons, corporations, or other organizations furnishing information. I am aware that my *volunteer status* with the University Hospital is conditional depending on the results of verification of references, licenses, 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 service*. I hereby give the University Hospital permission to investigate all references and to secure any additional information that may be required.

In accordance with Federal law, University Hospital 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 Service 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.

**Date Issued:** \_\_\_\_\_ **Signature:** \_\_\_\_\_