

VOLUNTEER INFORMATION SHEET

An Affirmative Action / Equal Opportunity Employer

Name: (Last Name)	(First Name/Initial)	(Middle Name/Initial)	Social Security No		
	(1 not i vano, mivai)	(made rame, made)			
Address: (Street)	(Apt. #) (C	City)	(State) (Zip Code)		
Dhono Numbous					
Phone Numbers: (Home)	(Other)				
EDUCATION (List Name and A	ddress of School)				
HIGH SCHOOL:			Diploma Equivalent		
Last Year Completed:	Did you graduate? Yes	☐ No ☐			
COLLEGE/UNIVERSITY:		Major/Specialization	on:		
Last Year Completed:	Did you graduate? Yes	□ No □			
TRADE/BUSINESS SCHOOL:		Did yo	ou graduate? Yes No		
Diploma/Degree Received:					
GRADUATE SCHOOL:		Did yo	ou graduate? Yes No		
Diploma/Degree Received:					
DRIVER'S LICENSE No.	Stat	e Where Issued:	Expiration Date:		
PROFESSIONAL CERTIFICAT	ΓΙΟΝ/LICENSE: Licens	e/Document No.			
Type of Document:			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?					

have read the above statement and I do certify that I am not currently excluded by the OIG and/or the GSA from participating rederal healthcare programs.	VOLUNTEER & EMPLOYMENT	HISTORY (list last three, starting w	ith most recent)	
Address: City: State: Zip Code:	From: To:			
Job Title: Responsibilities:	Employer:		Phone No.	
Reason for Leaving: Immediate Supervisor:	Address:	City:	State:	Zip Code:
Reason for Leaving: Immediate Supervisor:	Job Title:			
Inmediate Supervisor: If currently employed, may we contact your employer? Yes No From: To:	Responsibilities:			
From:	Reason for Leaving:			
From: To:	Immediate Supervisor:		Phone No.	
Employer: State: Zip Code:	If currently employed, may we contact	your employer? Yes No No		
Address: City: State: Zip Code:	From: To:			
Job Title: Responsibilities:	Employer:		Phone No.	
Reason for Leaving: Immediate Supervisor:	Address:	City:	State:	Zip Code:
Reason for Leaving: To:	Job Title:			
From: To:	Responsibilities:			
From: To:	Reason for Leaving:			
Employer:	Immediate Supervisor:		Phone No.	
Employer:				
Address: City: State: Zip Code: Job Title: Responsibilities:	From: To:			
Reason for Leaving: Immediate Supervisor: Phone No. I am aware that no lunteer status with the University Hospital is conditional depending on the results of verification of references, license ducational background, criminal background check, and if required, a physical examination. It is understood and agreed the ny misrepresentation, to the best of my knowledge and belief in this application will be sufficient cause for cancellation of the pplication for a volunteer position, and/or termination of my volunteer service. I hereby give the University Hospital erministion 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 urrently excluded by the Office of the Inspector General (OIG) and/or the General Service Administration (GSA) from articipating in Federal programs. The property of the transfer of the Inspector General (OIG) and/or the General Service Administration (GSA) from articipating in Federal programs.	• •			
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	Date Issued: Signature	»:		