

**VOLUNTEER
APPLICATION**

NAME:

DATE:

ADDRESS:

STREET:

CITY/STATE ZIP CODE:

PHONE NUMBER:

E-MAIL:

BIRTH DATE:

Volunteer Opportunities: Please check the area you are interested in:

Administrative Support Services - Provide basic clerical support. May include answering phones, greeting visitors and patients, filing, scanning and other duties as assigned.

Therapy/Patient Support Services*- Provide assistance and support to clinical staff on in-patient rehabilitation units or outpatient therapy departments. Transports patients in wheelchairs. Assist with activities. Maintain/clean equipment and supplies. Provide occasional clerical support and other duties as assigned.

**As these positions are limited, preference is given to those applicants currently applying to or planning to apply to a certified or licensed therapy program or school, and high schools students at least 16 years of age in good academic standing planning to pursue a career in a health related field.*

Date you would be available to start?

Days and hours you are available or prefer to volunteer? *Please circle all those that apply.*

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
9-12	1-4	9-12	1-4	9-12	1-4	9-12	1-4	9-12	1-4	9-12	1-4

If you are volunteering to acquire hours for school or other institution, please indicate how many hours required and for what reason or major:

Are you employed? Yes ___ No ___ If so, may we inquire of your present employer? Yes ___ No ___

Have you ever volunteered before? Yes ___ No ___

Where and when (give dates):

Volunteer position(s) held:

Have you ever worked for University of Maryland Medical System? Yes ___ No ___

Where and when (give dates):

Position held:

MOST RECENT EMPLOYER/S:

Dates: _____ N9-12e of Employer: _____ Position: _____

To:

From:

To:

From:

EDUCATION:

Name & Location of School	Level Completed
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High School:

College :

Other:

IN CASE OF EMERGENCY, CONTACT: (give name, relationship, phone)

REFERENCES: Please submit two references with your completed application from two individuals who are not related and have known you for at least one year. (For students, one of the reference letters must be from a teacher.) The references and application must be returned to this office before an interview will be scheduled.**ESSAY:** Please attach an essay stating why you want to volunteer at University of Maryland Rehabilitation and Orthopaedic Institute. (300 words or less)

Your signature below indicates that the facts contained in this application are true and complete to the best of your knowledge.

Applicant's Signature:**Date:**

PARENTAL/GUARDIAN PERMISSION: (if under 18 years of age)

My son or daughter is in good health and has my permission to volunteer at UMROI and may be provided Emergency medical care if necessary when on duty at the hospital.

Parent/Guardian Signature:**Date:**

UM REHAB & ORTHO PROSPECTIVE VOLUNTEERS ARE REQUIRED TO:

1. Complete a minimum of 50 hours in order to receive certification of completed hours or a letter of recommendation.
2. Provide results of Tuberculin screening, either 2 recent PPD skin tests a week apart or 1 QuantiFERON®-TB Gold blood test (must have been done within the last year.)
3. Provide Immunization Records that show two vaccines for each of these: (MMR) Measles, Mumps, Rubella and (Varicella) Chicken Pox or the results from a blood titer test for these immunizations.
4. Agree to a drug screen administered in our Employee Health Office.
5. Agree to a criminal background check and social security verification.
6. Complete general volunteer orientation.

Scan and e-mail completed application to: Pamela.bechtel@umm.edu
