

General Information

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
*Last, first, title (Mr., Mrs., Ms., Dr.), middle*

Local Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a college student? \_\_\_\_\_ High school student? \_\_\_\_\_

If yes, expected year of graduation: \_\_\_\_\_

Date of birth: \_\_\_\_\_ University ID: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Family members employed at UIHC (please list names, relationship to you, departments):  
\_\_\_\_\_  
\_\_\_\_\_

Employment

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Position: \_\_\_\_\_ Hours: \_\_\_\_\_

Previous work experience:  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience

Please list previous and current volunteer experiences:  
\_\_\_\_\_

Is your volunteer work a requirement for school credit? \_\_\_\_\_

Is your volunteer work for assigned community service hours? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

How did you become interested in Volunteer Services at our hospital? If you were referred to us, please indicate who referred you:  
\_\_\_\_\_  
\_\_\_\_\_

If you came to this orientation with assignment preferences, what are they? What are your skills/interests?  
\_\_\_\_\_  
\_\_\_\_\_

## Health and Emergency Information

Do you have any physical limitations that would limit your volunteer experience? If so, please specify: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### References (Please no Relatives)

1. \_\_\_\_\_  
Name Address/City/State Phone Relationship to you

2. \_\_\_\_\_  
Name Address/City/State Phone Relationship to you

3. \_\_\_\_\_  
Name Address/City/State Phone Relationship to you

### Background Information

The University of Iowa Hospitals and Clinics must be able to assure the safety of all patients in their care. Therefore, we ask you to provide us with the following information which will remain in the strictest confidence, which means that we shall use our best efforts to ensure that the following information will not be released other than to comply with a court order, subpoena, or as otherwise required by law. Otherwise such information will only be used to determine your suitability for placement. The existence of a criminal conviction history is considered only to the extent that it relates to a particular volunteer position.

- Have you ever been convicted for violation of any municipal, county, state or federal law other than a minor parking violation?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Have you ever been reported for child abuse and/or neglect to the Department of Human Services or a similar agency in any state?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Have you ever been terminated, suspended or placed on probation, or otherwise penalized for abuse or maltreatment of any person?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered yes to any of these questions, please provide date(s), description(s) and an explanation of incident(s): \_\_\_\_\_

## Declarations and Volunteer Agreement

As a hospital volunteer, I understand Volunteer Services reserves the right to terminate any volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the Volunteer Services Director, would make my continued services as a volunteer contrary to the best interests of the hospital.

In addition:

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. Any falsification or significant omission of information may result in my rejection or dismissal from participation in Volunteer Services at the University of Iowa Hospitals and Clinics.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

People with disabilities are welcome at UI Hospitals and Clinics. The University of Iowa prohibits discrimination in employment or in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity or associational preference.

## Short Essay

In the space below, please type a short essay answering the following questions: *What do you want to gain from volunteering? Who will make you a successful, dependable volunteer?* In answering your question, please use no smaller than 12 point font.

## *Letter of Intent*

*For college student volunteers*

I understand that to become a volunteer at UI Hospitals and Clinics, a commitment to volunteering 3 hours per week for two semesters is required. This equates to 36+ hours per semester, or over 75 total hours.

Considerable hospital resources are dedicated to screen, collect background information, health screen, photo ID badge, appropriately orient, assess, train, place and supervise volunteers at the hospital, all of which are provided at no cost to me.

In addition, the dependability of volunteers directly affects the quality of the placements available to me, particularly in areas with direct patient contact.

With this in mind, I have considered my obligations to school, work and other extra-curricular activities and should I be accepted as a volunteer at UI Hospitals and Clinics, pledge to contribute three hours per week for two semesters.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Hospital Volunteer

## External Investigative Background Check Consent Form

To be completed by candidates prior to extending an offer to become a volunteer.

The following information is required of all volunteer applicants at the University of Iowa Hospitals & Clinics. Failure to consent to participate in a background investigation, as indicated below, will result in the applicant being removed from consideration.

PLEASE NOTE: An actual, external background investigation check will be completed only on the individual selected as a final volunteer candidate. UI Hospitals and Clinics will not conduct background checks on unsuccessful candidates.

**To be completed by volunteer applicant being considered:**

***-Please print legibly-***

Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

Other Names Used: \_\_\_\_\_ Date(s) of name change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IF THE ABOVE ADDRESS DOES NOT ENCOMPASS THE IMMEDIATE PAST (7 YEARS): LIST ALL CITIES, STATES AND ZIP CODES YOU HAVE LIVED IN DURING THAT TIME:** \_\_\_\_\_

Phone number where you may be reached: \_\_\_\_\_ Are you a **current** UI Health Care Staff Member? Y/N

**Self Disclosure:** In the past seven years, have you been convicted of any violation of law: felonies, misdemeanors and/or ordinance violations other than a minor traffic violation? (example: speeding is considered a minor violation; operating while intoxicated is major and should be disclosed).  No  Yes

If Yes, please explain (convictions, locations, dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with my application to be a volunteer at University of Iowa Hospitals & Clinics, I agree to participate in an external investigative background check, which will include a criminal background inquiry and a previous employment verification or personal reference inquiry. I authorize any person, company, corporation, public/private institution and/or government agency to release any information requested by University of Iowa Hospitals and Clinics and its agents or employees on behalf of University of Iowa and to accept a photocopy or facsimile of this authorization as the original. I hereby release University of Iowa Hospitals & Clinics and its agents or employees and any person, company, corporation, public/private institution and/or government agency from any and all claims that I may have arising from or relating to the providing, reporting or gathering of information in relation to the aforementioned investigative background check. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

**IMPORTANT:** I have read and understand the above and do hereby grant authorization to conduct this investigative background check in the event that I am considered a volunteer candidate.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

This document should be presented to volunteer candidate along with a copy of "Your Rights Under the Fair Credit Reporting Act." Return this form to Hospital Human Resources, C110 GH in available confidential envelope.

**Please fill out the following form (both columns) if you do not have a United States Social Security number. Thank You!**

**Information needed from Volunteers without Social Security numbers**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_

Country of Origin \_\_\_\_\_

Street and Number \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

University ID \_\_\_\_\_

**Information needed from Volunteers without Social Security numbers**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_

Country of Origin \_\_\_\_\_

Street and Number \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

University ID \_\_\_\_\_