

UNIVERSITY COMMUNITY HOSPITAL

3100 E. Fletcher Avenue

Tampa, FL 33613

Phone: 813-615-7286

Fax: 813-615-7507

And

7171 N. Dale Mabry Highway

Tampa, FL 33614

ADULT VOLUNTEER APPLICATION

Thank you for your interest in University Community Hospital's Volunteer Program. Our volunteers play an important role in the delivery of quality health care within our community.

Enclosed with this Application Package, you will find a three-page Application and a Medical Consent form. To become a volunteer, you will need to complete the following steps:

1. COMPLETE THE APPLICATION.

Return or mail a completed and signed Application to the Volunteer Office at University Community Hospital, 3100 East Fletcher Avenue, Tampa, Florida.

2. SCHEDULE AN INTERVIEW.

After we receive the Application Package you'll be called to schedule an interview. During the interview, you and the interviewer will discuss your interests and availability to determine where you will volunteer, your shifts, and the date you will start. Tell the interviewer when you plan to attend an orientation. *You will be asked to commit to a minimum of four hours a week for a period of six months*

3. OBTAIN TWO TB TEST.

After the interview obtain two Tuberculosis Skin Tests at our Employee Health location. They are done at no cost to you. You may also elect to have them done by your own physician. At the interview you will receive any additional information you may need regarding the tests. After you complete the two and have them read, you must bring us the completed form from the Health Park or your own physician.

4. ATTEND AN ORIENTATION.

Mandatory orientations are held in the Auditorium at the Fletcher Avenue location. They are offered on the first and third (and fifth if applicable) Monday of each month from 7:45 a.m. to 2:30 p.m.

Sincerely,

Tammy Hunt
Director of Volunteer Services

UCH ADULT VOLUNTEER APPLICATION

I WOULD LIKE TO VOLUNTEER AT: (check one or more)

- UCH MEDICAL CENTER ON FLETCHER AVENUE
 UCH CARROLLWOOD ON DALE MABRY HIGHWAY
 BRANDON OCCUPATIONAL HEALTH

WORK EXPERIENCE: (CHECK ALL THAT APPLY)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administrative | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Cashiering | <input type="checkbox"/> Communications | <input type="checkbox"/> Computer Work |
| <input type="checkbox"/> Messenger | <input type="checkbox"/> Driving | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Marketing | <input type="checkbox"/> Merchandising |
| <input type="checkbox"/> Music | <input type="checkbox"/> Nursing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Teaching | Other _____ | |

WHEN YOU THINK OF VOLUNTEERING, WHAT ACTIVITIES INTEREST YOU?

- TRANSPORTING PATIENTS WITHIN THE HOSPITAL VIA WHEELCHAIR.
 TRANSPORTING PATIENTS TO BUILDINGS IN THE HOSPITAL COMPLEX VIA A CART.
 COURIER SERVICES OUTSIDE HOSPITAL COMPLEX.
 DELIVERING MAIL, FLOWERS, NEWSPAPERS, AND SMALL PACKAGES.
 DELIVER MAGAZINES AND BOOKS TO WAITING ROOMS AND PATIENTS.
 SILVERSPOONS FEEDING PROGRAM.
 PATIENT ADVOCATE PROGRAM.
 WAITING ROOM LIAISONS.
 WORKING WITH A COMPUTER/OFFICE ASSISTANTS.
 ASSISTING WITH ADMINISTRATIVE TASKS SUCH AS ANSWERING PHONES, RUNNING ERRANDS, AND DOCUMENT MANAGEMENT.
 WORKING IN THE HOSPITAL GIFT SHOPS.
 ASSISTING THE NURSING STAFF, EMERGENCY ROOM STAFF, RECOVERY. ROOM STAFF BY PERFORMING NON-MEDICAL TASKS.
 ASSISTING LABORATORY TECHNICIANS.
 OTHER (DESCRIBE) _____

CHECK THE TIMES THAT YOU ARE AVAILABLE TO WORK:

DAY	8 – 12 A.M.	12 – 4 P.M.	Gift Shop Times 9-12 / 12-3 / 3-6	OTHER SHIFT (ENTER TIME)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

HOW MANY DAYS A WEEK DO YOU WANT TO VOLUNTEER? _____

UCH ADULT VOLUNTEER APPLICATION

**HAVE YOU EVER COMMITTED, BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NO LO
CONTENDRE TO, A FELONY OR A MISDEMEANOR?** (Conviction of a crime is not necessarily grounds for
disqualification.) **NO** ___ **YES** ___

IF YES, EXPLAIN _____

As a volunteer, I:

- X *agree to complete the volunteer orientation and train until I am competent to perform the required duties;*
- X *agree to complete a yearly education review and TB screening as well as any additional service-specific training that may be deemed necessary;*
- X *agree to perform my duties as a volunteer at University Community Hospital in accordance with the rules and regulations supplied by the Volunteer Services Department.*
- X *understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines;*
- X *agree to call my service chairman or volunteer coordinator as soon as possible when I have scheduling changes;*
- X *agree to accept assignment to a new service area if absent for an extended period of time.*

SIGNATURE _____ **DATE** ____/____/____

NAME (PRINT) _____

**UCH ADULT VOLUNTEER
APPLICATION**

MEDICAL INFORMATION

IN CASE OF EMERGENCY, UNIVERSITY COMMUNITY HOSPITAL MAY CONTACT:

NAME: _____ **PHONE:** _____

RELATIONSHIP TO VOLUNTEER: _____

NAME: _____ **PHONE:** _____

RELATIONSHIP TO VOLUNTEER: _____

CHECK ONE OF THE FOLLOWING STATEMENTS:

___ I GIVE PERMISSION FOR IMMEDIATE EMERGENCY MEDICAL TREATMENT.

___ I DO NOT GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT UNTIL AUTHORIZED BY AT LEAST ONE CONTACT PERSON.

PHYSICIAN'S NAME: _____ **PHONE:** _____

PHYSICIAN'S ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

___ I AGREE TO SUBMIT TO TWO(2) SEPARATE TB TESTS BEFORE VOLUNTEERING.

___ I HAD A TB TEST WITHIN THE LAST YEAR. ENCLOSED IS A REPORT OF FINDINGS SIGNED BY A PHYSICIAN OR OTHER HEALTH PROFESSIONAL.

___ I WAS TREATED FOR EXPOSURE TO TUBERCULOSIS OR HAD A POSITIVE TB TEST ON ____/____/____ (ENTER DATE). ATTACHED IS A RECENT CHEST XRAY REPORT. (A PERSON SHOULD *NOT* REPEAT A TB TEST IF TESTED POSITIVELY FOR TB PREVIOUSLY.)

SIGNATURE _____ **DATE** ____/____/____

NAME (PRINT) _____