

Volunteer Application

Please select the location and/or special program in which you wish to volunteer.

<input type="checkbox"/> UAB St. Vincent's Birmingham <input type="checkbox"/> UAB St. Vincent's Blount <input type="checkbox"/> UAB St. Vincent's Chilton <input type="checkbox"/> UAB St. Vincent's East <input type="checkbox"/> UAB St. Vincent's St. Clair <input type="checkbox"/> UAB Medicine St. Vincent's One Nineteen	<input type="checkbox"/> Extraordinary Minister <input type="checkbox"/> Spiritual Care Volunteer <input type="checkbox"/> Cuddler Program <input type="checkbox"/> Andrews Sports Medicine Institute Research
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The purpose of this organization shall be to promote and advance the welfare of UAB St. Vincent's through service to patients and their families, associates, and medical staff.

Personal Information

Last name:		First name:		Middle name:
Other name(s) known as (i.e., maiden, nickname):			Spouse's name:	
			Phone numbers (include area code):	
Street address:			Home:	
City:	State:	Zip:	Cell:	
Date of birth:			Work:	
Email:				

Assignment Preferences

Day(s) of the week	Hours	Area of interest

Education

School	Name	City	State
High school			
College or university			
College or university			
Other			

Work Experience

Employer's name	Employer's address/Zip code	Duties	Dates

Volunteer Experience

Organization name	Type projects	Duties	Dates

References (other than family)			
Name	Relationship	Daytime telephone number	
Miscellaneous			
List memberships in any professional societies.			
Have you ever worked for UAB St. Vincent's before: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide dates, department and title:			
Dates	Department and title		
Provide names, departments, relationships of relatives and/or friends employed or volunteering at UAB St. Vincent's.			
How did you learn about our volunteer program?			
Why are you interested in volunteer work?			
Why did you choose UAB St. Vincent's?			
Have you ever been convicted of A crime (felony or misdemeanor Including DUI), other than a routine traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of offense	Date of conviction	Where convicted (City and state)
UAB St. Vincent's Volunteer Services Statement of Policy			
It is the policy of UAB St. Vincent's Volunteer Services to provide membership to persons 18 years or older and certain teens ages 14 to 17 without regard to race, color, gender, age, religion, handicap, or national origin. These members shall conduct themselves in a professional manner at all times.			
Certification by Applicant			
I certify that the information given on this application is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for UAB St. Vincent's Volunteer Services to deny application or terminate my volunteer services status without notice. I further understand that UAB St. Vincent's Volunteer Services may perform an investigation to determine my suitability for services and I authorize UAB St. Vincent's Volunteer Services to secure the information necessary to make a decision. I further understand that UAB St. Vincent's will adhere to the provisions of the Fair Credit Reporting Act and other applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the investigation. I acknowledge by my signature that I have read and understand these statements.			
Applicant signature			Date