

Volunteer Application

UPMC | SENIOR COMMUNITIES

Name: _____

Date of application: _____

Date of birth: (year optional) _____

Current address:

City: _____ State: _____ Zip: _____

Permanent address: (if different)

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Email address: _____

Occupation: _____

If necessary, may we call you at work?

Yes No

Phone: _____

Emergency Contact Information:

Name: _____

Phone: (H) _____

(W) _____

(C) _____

Primary care physician: _____

Phone: _____

Volunteer Work Preference:

Type of work preferred: _____

Days and times available: _____

Volunteer Interests: Please check all that apply

Assisting with outings

Doing crafts

Walking with residents

Vigil Visits

Technology help

Reading to residents

Escorting to/from activities

Escorting to the gift shop

Music performances

1:1 Visits with residents

Calling bingo, playing games

Cooking/baking activity

Pet visits

Leading activities, parties, events

Other (please list) _____

Hobbies/interests/skills: _____

Languages (read, write, speak or sign): _____

Are you currently a student? Yes No

Present grade level: _____

If yes, where? _____

Anticipated graduation date: _____

Major: _____

Do you require any physical accommodations that should be considered when selecting a volunteer assignment? (If yes, please explain):

Are you interested in student shadowing for college? _____

Are you a U.S. Citizen? Yes

No, Visa and Passport documentation to be provided during interview appointment.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission may cause my dismissal from volunteer service.

Signature _____ Date _____

Name (Printed) _____

References:

Personal reference

Personal reference

Phone number

Phone number

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