




Erie Volunteer Application

To protect the health and safety of our patients and families, it is imperative for our medical center volunteers to meet certain requirements. All medical center volunteers must:

- Be at least 18 years of age
- Be able to make a minimum commitment of 12 months
- Be able to provide written documentation of up-to-date immunizations including varicella and other infectious diseases
- Be able to provide written documentation of a negative PPD test within the past 12 months or pass a PPD test
- Submit to a complete background check, including references, criminal records and child abuse history
- Pass a drug screening test
- Attend a comprehensive orientation

If you would like to apply to volunteer at our medical center, please complete this application and mail or email it to Micheal Widrig:

 **Volunteer Program**
1645 West 8th St.
Erie, PA 16505

 **MWidrig@shrinenet.org**

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Personal Information

First Name	Middle Name	Last Name	Date of Birth
Cell Phone	Home Phone	Email Address	
Street Address	Apt	City	State Zip

Employment – begin with most recent

Employer	Position	Describe Duties
Employer	Position	Describe Duties

Education – list highest completed or currently enrolled

Name of High School, College, Technical School, or Other Training	Level Completed
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Volunteer Experience

Agency	Supervisor	Dates	Describe Duties
Agency	Supervisor	Dates	Describe Duties

Other

How did you hear about our volunteer program?

What type of volunteer work are you interested in?

Have you ever been convicted of a crime? If yes, please explain.

Special skills or interests:

Languages spoken other than English:

Why do you want to volunteer at Shriners Hospitals for Children – Erie?

Personal References – please provide two non-relative references

Name	Relationship	Daytime Phone Number
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Name	Relationship	Daytime Phone Number
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I understand that I am applying for a volunteer position and that this is not an application for employment nor a contract of employment. I further understand that as a volunteer, I may not accept payment for my service and that I will incur the cost of transportation. I certify that all facts and items listed on this application and subsequent forms I complete related to my volunteer service are true, complete and accurate. I understand that any misrepresentation, omission of information, misleading or incomplete data may result in disqualification from consideration or dismissal as a volunteer. I understand that as a volunteer, my service will be at will and may be terminated at any time with or without cause and with or without prior notice. I give my approval to check my employment, volunteer, and personal references as well as criminal and child abuse records. I authorize these references to give any pertinent information that they may have, and I authorize investigation of all statements contained herein. I further release all parties from liability from any damage that may result from furnishing information. I agree to receive any medical tests, drug screenings, and immunizations that may be required, and I authorize the release of all test results and any other related medical information to the management of Shriners Hospitals for Children. I agree to abide by the rules and regulations of Shriners Hospitals for Children.

Applicant Signature

Date

If an appropriate volunteer position is available you will be contacted for a phone interview. If no appropriate openings are available when your application is received we will keep your application on file for three months.