



THE UNIVERSITY OF TOLEDO  
**MEDICAL CENTER**

Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at The University of Toledo Medical Center. We currently seek energetic volunteers for placement in customer service assignments that support our healthcare staff and faculty. No matter what your interest, volunteering can provide an opportunity for both professional and personal fulfillment. Please visit our website for additional information as we invite you to explore the possibilities- <http://utmcc.utoledo.edu/depts/volunteer/index.html>

Let's get started!

- Complete the Volunteer Enrollment forms.
- Interested in an assignment at the University of Toledo Medical Center?
- Provide proof of a two-step TB test within the last 12 months
- All volunteers must attend a Safety & Health and Policies & Benefits Training Session
  - Call 419.383.3835 to schedule your orientation. **The orientation shall take approximately 2 hours to complete and are made by appointment.**
  - Training Sessions are conducted in Dowling Hall #0075. If you are under the age of 18 bring enrollment form with parent signature.
  - You will be asked to sign an Authorization to Release Information granting us permission to reference any information which is a matter of public record, drug testing, physical examination, and/or psychological examination to determine suitability.
  - You will be asked to make at least a 4 hour weekly commitment.
- Service Excellence Principles
  - Our service goal is to provide an excellent patient experience for our customers in a compassionate, friendly and safe environment as we welcome all opportunities for continuous improvement to further our organizational Commitment to Excellence.
- **Need to clarify information? Contact Tony Urbina at [tony.urbina@utoledo.edu](mailto:tony.urbina@utoledo.edu) or telephone 419-383.3835.**

Volunteers are valued as important members of our healthcare team. Volunteers are a reminder of the community's interest in The University of Toledo Medical Center and of our responsibility and commitment to this community. I look forward to hearing from you.

Sincerely,

Tony Urbina  
Supervisor, Volunteer & Customer Services

## UTMC Volunteer Enrollment Form

Please check the volunteer category you are applying for:

Community Service Volunteer     
  Shadow Participant     
  Student Intern

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Social Security/Visa #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Are you a University of Toledo Employee? \_\_\_\_\_

If so, are you a Health Science or Main Campus Employee? \_\_\_\_\_

Are you a dependant of a University of Toledo Employee? \_\_\_\_\_

If so, please indicate the name of your parent/guardian. \_\_\_\_\_

### **PARENT/GUARDIAN CONSENT** *(Students 14-17 years of age who have completed the eighth grade.)*

I give consent for my child to participate in the UTMC Volunteer Program, to obtain TB testing (required for patient-care assignments); and should the need arise I authorize emergency medical treatment.

Print Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **TB TEST VERIFICATION & HEALTH HISTORY** *(age 14-17 must have parent consent)*

Yes, I have completed a two-step tuberculin test within the past 12 months. (Attach copy of result)

No, I have not received a two-step tuberculin test within the past 12 months. Parents of students (14-17 years) must complete the parental/guardian consent section. The TB test is available free of charge through the University Health Services office. Phone their office at 419.383.5394 to verify office hours and to schedule your test. They are located in room 2410 Dowling Hall. Present this form to the staff for verification.

PPD administered on \_\_\_\_\_ By \_\_\_\_\_ Results \_\_\_\_\_

Two-step PPD administered on \_\_\_\_\_ By \_\_\_\_\_ Results \_\_\_\_\_

The following condition(s) may limit my ability to volunteer or require reasonable accommodations:

\_\_\_\_\_ - \_\_\_\_\_

### **SCHEDULED SAFETY & HEALTH, HIPAA & BENEFITS SESSION:**

Yes, I called 419.383.3835 to schedule my training session. My date/time is: \_\_\_\_\_

Training sessions are conducted in the Volunteer Services Department, room 0075 Dowling Hall.

Convenient parking is located in Parking Area #42.

**INTERNAL REVIEW BOARD (For grant-funded research assistants)**

I have met Dr. \_\_\_\_\_, extension # \_\_\_\_\_ to discuss my involvement in a grant funded research project. My participation will involve but not be limited to:

\_\_\_\_\_

I will be affiliated with the \_\_\_\_\_ project of the University of Toledo Medical Center beginning \_\_\_\_\_ (MO/YR) through \_\_\_\_\_ (MO/YR). Please advise Research and Grants of my registration.

Signature \_\_\_\_\_

**SKILLS AND INTERESTS**

Education/School Affiliation: \_\_\_\_\_ Year: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

How did you become interested in the Volunteer Program at UTMC?

- |                         |                   |                             |
|-------------------------|-------------------|-----------------------------|
| • Adult Community       | • Physician       | • Observation/Service Hours |
| • School / Counselor    | • Public Library  | • Internal Review Board     |
| • UTMC Employee/Retiree | • Church          | • Waiting Room Brochure     |
| • Internet              | • Friend/Relative | • Community Activity        |

**SHADOWING or INTERNSHIPS/EXTERNSHIPS EXPERIENCES (For student experience ages 16 and older)**

Shadowing students are responsible for obtaining a mentor. Intern/Externship students should have arrangements made through their respective school affiliation and have clinical contract agreement. This section must be completed in its entirety to be considered for placement. You will receive an Observation name badge and you are not eligible for the free meal benefit.

Department: \_\_\_\_\_ Building/Room No.: \_\_\_\_\_

Staff/Faculty Name/Title: \_\_\_\_\_

Staff/Faculty Signature: \_\_\_\_\_ Ext. \_\_\_\_\_

Scheduled Visit Date(s): \_\_\_\_\_ Total Hours: \_\_\_\_\_

*5 day maximum on shadow experiences. Internship times are to be determined by school*

**BACKGROUND CHECK****CAMPUS POLICE INQUIRY:**

Have you ever been convicted of a crime? (Not including traffic violations) ( ) Yes\* ( ) No

Brief explanation: \_\_\_\_\_

I authorize the UTMC Campus Police Department and/or Volunteer Services Department to verify information relative to my participation in the program.

Volunteer's Signature \_\_\_\_\_

\_\_\_\_\_ Date

**REFERENCE:**

I have known \_\_\_\_\_ for \_\_\_\_\_ (years) and would recommend him/her for the UTMC Volunteer Services Program because:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Complete Address: \_\_\_\_\_

AVAILABILITY / ASSIGNMENT PREFERENCE							
Time / Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Full Day							

**I am interested in discussing the following assignments (circle all that apply):**

<b>Academic Office Assistant</b> <b>Ambassador</b> <b>Bookstore</b> <b>Campus Police Department</b> <b>Environmental Services</b>	<b>Inpatient Nursing Unit</b> <b>Outpatient Clinic</b> <b>Pastoral Care</b> <b>Patient Information Desk</b> <b>Clerical/Office</b>	<b>Customer Service</b> <b>Satellites Gift Shop</b> <b>Surgery Waiting Room</b> <b>Trauma/Emergency</b> <b>Other</b>
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**UNIVERSITY OF TOLEDO MEDICAL CENTER AGREEMENT**

Volunteers who fail to comply with the Volunteer Services Department or University of Toledo Medical Center policies and procedures, or present any circumstance that would make continued service as a volunteer contrary to the best interests of our patients, hospital or university will be subject to immediate dismissal.

I understand that UTMC accepts the service of all volunteers with the understanding that such service is at the sole discretion of UTMC.

Prospective Volunteer's Signature \_\_\_\_\_

OFFICE USE ONLY			
Orientation Manual:	Post-Test HIPAA Confidentiality:	Expected Behaviors:	Campus Police Check:
Mr. Mrs. Ms. Miss	Categories: <input type="checkbox"/> RSVP <input type="checkbox"/> OB/SRV <input type="checkbox"/> IRB <input type="checkbox"/> ATS <input type="checkbox"/>		
Placement Date:	Orientation Date:	PPD Date:	I.D. Expires:
Department: _____ COLLEGE _____ HOSPITAL _____ SUPPORT SERVICES _____			
Job: _____ Start/End Dates of Service: : _____			
Supervisor : _____ Ext. _____			
Department: _____ COLLEGE _____ HOSPITAL _____ SUPPORT SERVICES _____			
Job: _____ Start/End Dates of Service: : _____			
Supervisor : _____ Ext. _____			


