



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://utmc.utoledo.edu/depts/volunteer/index.html>

Let's get started!

- **Complete the Volunteer Enrollment form.**
- All volunteers must attend a two hour Volunteer Orientation Class.
 - Call 419-383-6336 to schedule your orientation. **The orientation will take approximately 2 hours to complete. You must register to attend a session.**
 - Training Session locations are given at time of scheduling. 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.
 - We will require proof of a two-step TB test within the last 12 months or:
 - Volunteer Services will issue authorization for a **FREE** 2-Stage TB test for those eligible at the end of the orientation session. Free tests are provided to service volunteers only.
 - Volunteers who will have direct patient contact will be required to have full-immunizations, which may be covered by the sponsoring department.
 - Individuals originating outside the U.S. may need to complete a Blood Test rather than the TB Tests. Further details will be discussed during orientation/training.
 - Students 14-17 years of age must obtain parental/guardian consent.
 - If you have already completed a 2-Stage PPD test within the past 12 months, we only need a copy of the signed results from your primary physician's office. This is to be delivered to Family Medicine Suite M at the Ruppert Center. Please advise Family Medicine that you are a new prospective volunteer to insure that results are sent to Volunteer Services.
 - Once you have completed orientation, returned your enrollment form, and have had all necessary Shots completed, you will then call for a placement interview to obtain your ID Badge Paper Work and discuss final details of your assignment.
 - **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 in an ICARE (Communication, Access, Respect, and Excellence) Culture.
- **Need to clarify information? Phone: 419.383.6336**

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. We look forward to hearing from you.

UTMC Volunteer Enrollment Form

Please check the volunteer category you are applying for:

Volunteer

Shadow Participant

Student Intern

Last Name: _____ * E-Mail: _____

First Name: _____ *Middle Initial _____

Duration of time you would like to volunteer: _____

Sex; Male ___ Female ___ Rocket # if applicable _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home (____) _____ Office: (____) _____ Cell: (____) _____

Social Security/Visa #: _____ Date of Birth: _____

Emergency Contact: _____ Telephone: (____) _____

Physician: _____ Telephone: (____) _____

Are you a University of Toledo Employee? _____

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

Have you volunteered in the past? If so, please indicate date & location of service. _____

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 _____

UNIVERSITY OF TOLEDO Background Check*

CAMPUS POLICE INQUIRY:

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

Brief explanation: _____

***NOTE: We must have your DOB and SS# in order to process your enrollment form. Your information is securely kept in our data base.**