

Volunteer/Auxiliary Application

UM Baltimore Washington Medical Center 301 Hospital Drive Glen Burnie, Maryland 21061

An Affiliate of the University of Maryland Medical System (UMMS)

Be a part of something greater.

Our Volunteer Philosophy and Vision:

The University of Maryland Baltimore Washington Medical Center prohibits discrimination of volunteers on the basis of race, color, age, sex, sexual orientation, religion, national origin, disability, ethnicity, or marital status. We are dedicated to providing an environment that encourages and promotes volunteer participation from and in all segments of our community. Our volunteer vision is to establish volunteer partnerships that create a stronger medical center, healthy system and community, and build a legacy of leadership in the future.

Personal Information Full Name: _____ Cell Phone: ______ Yes, text me! \square No, do not text. \square Home Phone: ______ Alternate Phone: _____ Email Address: _____ Street Address: _____ City: _____ State: ____ Zip Code: ____ Do you have any physical or emotional limitations we must consider in your volunteer placement? Yes □ No □ If yes, please explain: References Please provide two personal and/or professional references that are <u>not</u> relatives. 1) Name: ______ Street Address:_____ City: State: Zip Code: Phone Number: _____ 2) Name: ______ Street Address:_____ City:_____ State:____ Zip Code:_____ Phone Number: _____ **Emergency Contact** Name:______ Phone Number:_____ Relationship: **Employer/Business Information** Name of Employer/Business:_____

My Job Title:______ Title of Supervisor:_____

Name of Supervisor:	Street Address of
	City:
State: Zip Code:	
Education Information	
	Location:
Diploma or GED? Yes \square No \square	
Advanced Education - College, Unive	
	Location:
Dates Attended:	Major/Course of Study:
Degree(s) Granted:	
Advanced Education - College, Unive	ersity or Technical
_	Location:
Dates Attended:	Major/Course of Study:
Degree(s) Granted:	
Languages I <i>write</i> fluently:	
Volunteer Information	
Is your interest in our volunteer prog court requirement? Yes □ N If yes, explain fully:	lo□
Why do you want to volunteer at the Washington Medical Center (UM BW	
Who referred you to UM BWMC?	

Have you volunteered at any hospital in the past? Yes \square No \square If yes, please name which hospital, your job duties, and the time period you were there.
Have you ever been convicted of a criminal offense? Yes □ No □ If yes, please explain fully:
Describe your participation in other volunteer activities and organizations:
Statement of Confidentiality At the University of Maryland Baltimore Washington Medical Center, the confidentiality of patient and hospital records is a primary concern. The medical center requires that you maintain confidentiality of patient medical records, patient and medical center financial data, and any patient, associate, physician or medical center information obtained through your job duties and/or through your service with this medical center. Violation of confidentiality will result in correct action, up to and including discharge. I have read, understood, and agree to abide by this Statement of Confidentiality.
Volunteer's Name:
Volunteer's Signature:

I hereby affirm that my statements and answers to all questions in this application are true and correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would affect my application unfavorably.

Volunteer's Name:	
Volunteer's Signature:	



Mission Statement:

To provide the highest quality health care services to the communities we serve.

Vision Statement:

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.