



# UPMC Pinnacle Volunteer Services Co-op Volunteer Application

OFFICE	USE	ONLY	-	ID#
8800_____				
Assignment _____				
Days/Times _____				
Start Date _____				

<b>Applicant Information</b>	Location Preference <input type="checkbox"/> <i>Harrisburg</i> <input type="checkbox"/> <i>Community</i>		Date
	Name (Last, First, MI)		
	Address		
	City	State	Zip Code
	Phone #	Cell #	
	Email	D.O.B.	

<b>Education / Training</b>	School	Expected Graduation
	Co-op Coordinator	Phone #
	Volunteer Experience	
	Post-graduate Plans	
	Hobbies/Interest	
	Organization Affiliation(s)	

<b>Availability</b>	Area(s) of Interest	
	Time Availability <input type="checkbox"/> <i>Monday</i> <input type="checkbox"/> <i>Tuesday</i> <input type="checkbox"/> <i>Wednesday</i> <input type="checkbox"/> <i>Thursday</i> <input type="checkbox"/> <i>Friday</i> <input type="checkbox"/> <i>Morning</i> _____ <input type="checkbox"/> <i>Mid day</i> _____ <input type="checkbox"/> <i>Afternoon</i> _____	
	<i>Please note* It is <b>not</b> required that co-op students volunteer during the summer between their junior and senior years.</i>	

<b>Parent / Guardian Information</b>	Name(s)	Relationship
	Address	
	Phone #	
	Are you related to someone employed by UPMC Pinnacle? If yes, please provide name, title and department.	

*If I am accepted as a student co-op volunteer, I agree to report for duty when assigned and adhere to the UPMC Pinnacle dress code. I will be prompt and dependable in my execution of my duties. If I cannot report for duty, I will notify my assigned department supervisor and Volunteer Services.*

\_\_\_\_\_  
Signature Date

*My child, as named above, has my consent to participate in the co-op volunteer program. I affirm that all information provided is accurate.*

\_\_\_\_\_  
Signature Date