UVA Culpeper Medical Center Volunteer Program
Application packet for adult volunteers age 18 and up

The UVA Culpeper Medical Center volunteer program goal is to support our patients and community. Our volunteer program mission is to promote and provide an extraordinary patient experience by exemplifying the UVA Community Health Mission Vision & Values. Our Culpeper Medical Center volunteer vision is to grow a robust volunteer program, in turn adding value to our volunteers’ lives.

Thank you for your interest in volunteer service with the UVA Culpeper Medical Center. Our volunteers donate time and talent in a variety of service areas within Culpeper Medical Center.

Application & references
On the following pages is our application. Please complete the form and follow the instructions to submit one of 3 ways:

USPS mail:
Attn: Volunteer Programs
UVA Culpeper Medical Center
501 Sunset Lane
Culpeper, Virginia 22701

Drop off in person: The above address, at the first floor main lobby reception desk

Scan and email to: volunteers@culpeperhospital.com

There are two (2) reference forms included in the application packet. We must have two (2) satisfactory references (please no relatives) prior to your orientation. References should be mailed, dropped off, or emailed, as indicated above.

Interview & next steps
Once we receive your application, we will contact you and schedule an interview. During your interview session, you will complete a background screen form as well as schedule an appointment with our Employee Occupational Health team. Required items and next steps will be discussed during your interview.

Orientation, assignments, training, & schedules
Upon satisfactory completion of the interview and screening process, applicants will attend an orientation class (date and time to be determined).

All volunteers are required to wear the Culpeper Medical Center volunteer uniform:
- Navy vest or jacket that you will purchase from Culpeper Medical Center volunteer programs ($20) – you will order during orientation
- White collared golf style (polo style) shirt (long or short sleeved), that you will provide
- Khaki tan or light brown pants or skirt, that you will provide
- Comfortable, fully enclosed shoes (ex: sneakers) in good repair, that you will provide
- All items must meet current CPMC dress code standards; this information will be provided during orientation

Assignments are determined by each individual’s request, volunteer role, and area of greatest need.

Schedules are determined by role, department, and volunteer availability. We will work with you and create a schedule that suits your lifestyle!

Upon successful completion of orientation, you will train in your assigned area/role for at least 3 shifts with a seasoned team member.

We welcome you to continue the legacy of volunteerism at UVA Culpeper Medical Center.

Questions?
Email: volunteers@culpeperhospital.com –or– call: 540-829-4280
# UVA Culpeper Medical Center Volunteer Programs

**Adult Volunteer Application Form**  
Currently age 18+

## PERSONAL INFORMATION (please print)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Today’s Date:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Email Address:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Name:</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td>Number/Street</td>
</tr>
<tr>
<td>City:</td>
<td></td>
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<td>Date of Birth:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>(        )</td>
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<tr>
<td>Work Phone:</td>
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</tr>
<tr>
<td>Cell/Mobile:</td>
<td>(         )</td>
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</tbody>
</table>

**EMERGENCY CONTACT NAME:** ________________________________  
**RELATIONSHIP:** ________________________________  
**PHONE 1:** ________________________________  
**PHONE 1:** ________________________________  
**ADDRESS:** ___________________________________________  
<table>
<thead>
<tr>
<th>HOUSE #</th>
<th>STREET</th>
<th>APT#</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

## AVAILABILITY

If you have a preference for any service area(s), please specify by checking all that apply below:

- [ ] Greeter, Main Lobby
- [ ] Volunteer Office
- [ ] Clerical Support (in office)
- [ ] Pet Therapy
- [ ] Nursing Support
- [ ] Oncology
- [ ] Family Birth Center
- [ ] Sewing/Knitting
- [ ] Medical Imaging
- [ ] Surgical Waiting Area
- [ ] Greeter, Oncology
- [ ] Women’s OB/GYN Clinic
- [ ] Admitting Reception
- [ ] Gift Shop
- [ ] Special Projects (remote)

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Two satisfactory references are required as part of your application. 2 reference forms are attached to this application packet. We must receive the references prior to orientation. A completed reference form from each of two references must be either emailed, mailed, or delivered as follows:

- **USPS mail or in person:** Volunteer Programs  
  UVA Culpeper Medical Center  
  501 Sunset Lane  
  Culpeper, Virginia 22701  
- **Scan and email to:** volunteers@culpepherhospital.com
BACKGROUND INFORMATION

**Employment:** Are you currently employed? ______  If yes, please provide details:

**Employer:**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Position</th>
<th>Supervisor</th>
<th>Years</th>
</tr>
</thead>
</table>

Briefly describe your responsibilities:

|__________________________________________________|

**Education:** (Please provide information on only your highest level of education)

**School/College/University:** ______________________________________________________

**Degree:** ____________________________________________________________

Are you currently enrolled at this School/College/University? _____

**History:** Pursuant to the Code of Virginia all applicants must affirmatively identify any criminal conviction or pending criminal charge whether within or outside the Commonwealth of Virginia. Furthermore, all applicants will be required to provide a sworn statement disclosing any criminal convictions or any pending criminal charges. Applicants are not required to disclose arrests, charges or convictions that have been expunged. Conviction of a crime is not an absolute bar to volunteering. We will take into account the nature and gravity of the offense or offenses, the frequency of the offenses and the interval between them, the time that has passed since the conviction and/or completion of sentence, and the nature of the volunteer work for which the applicant has applied. With that information in mind, please answer the following:

- Have you ever been convicted of a crime other than a minor traffic violation? (enter Yes or No) ___________
- Do you have any criminal charges pending against you? (enter Yes or No) __________
- If you answered yes to either of these questions, please explain, including the type of crime(s) involved:
  |________________________________________________________________________|

I certify that the information contained in this volunteer application is correct and complete to the best of my knowledge. I understand that UVA Culpeper Medical Center may investigate my background by contacting persons or entities identified in my application, or others, or by examining any public records or other available information about me, including conviction records. Furthermore, I understand that I will be required to provide a sworn statement disclosing any criminal convictions of any pending criminal charges. I understand that falsification, misrepresentation or material omission of facts called for in this application will be grounds for disqualification from further consideration or will result in termination of my volunteer position without notice.

**Signature:** __________________________  **Date:** __________________________

**For office use only:**

- CPMC Volunteer Programs orientation: __________________________
- EOH date: __________________________
- Start date: __________________________
- Assignment: __________________________
- Manager notified: __________________________

Rev 3-23-2022
UVA Culpeper Medical Center Volunteer Programs Reference Check Form

Volunteer applicant’s name: __________________________________________

PLEASE PRINT

Reference’s name: ________________________________________________

PLEASE PRINT

Reference’s phone number: _______________________________________

How long have you known the applicant? ____________________________

In what capacity do you know the applicant? _________________________

How would you describe the applicant’s ability to get along with others?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please rank 1 to 5 by circling beside each, (1 being poor and 5 being excellent):

Is the applicant a team player? 1  2  3  4  5

Is the applicant dependable? 1  2  3  4  5

Overall demeanor? 1  2  3  4  5

Additional comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Reference Provider Signature: ______________________________________

Date: __________________________

rev 3-23-2022
Volunteer applicant’s name: ___________________________________________________  
                        PLEASE PRINT  

Reference’s name: ___________________________________________________  
                        PLEASE PRINT  

Reference’s phone number: _____________________________________________  

How long have you known the applicant? ________________________________  

In what capacity do you know the applicant? ___________________________________________________  

How would you describe the applicant’s ability to get along with others?  
_______________________________________________________________________________________________________  
_______________________________________________________________________________________________________  
_______________________________________________________________________________________________________  

Please rank 1 to 5 by circling beside each, (1 being poor and 5 being excellent):  

Is the applicant a team player?  1  2  3  4  5  

Is the applicant dependable?  1  2  3  4  5  

Overall demeanor?  1  2  3  4  5  

Additional comments:  
_______________________________________________________________________________________________________  
_______________________________________________________________________________________________________  
_______________________________________________________________________________________________________  

Reference Provider Signature: ___________________________________________  
Date: ______________________________  

rev 3-23-2022