



United Health Centers
Volunteer Program Application
650 S. Zediker, Bldg. #3
Parlier, CA 93648
(559) 646-6618 Ext. 0029 Phone
(559) 646-6614 Fax
www.uhcofsjv.org

Please Print or Type All Information

Personal Information

Name (Last, First, Middle Initial)		Home Phone:		Cell Phone:	
Address:				City	State:
Email Address:				Zip Code:	
All Languages Fluent (read, write and speak):			Date of Birth:		

Education Information

High School:		Diploma & Year Graduated:	
College:		Degree & Year Graduated:	

Volunteer Position Information

Position Desired:		Site Location Desired:	
Days Available to Volunteer:		Hours Available to Volunteer:	

Employment History

Start Date:		End Date:		Salary:	
Employer Name:		Employer Phone No.:		Supervisor:	
Duties:					

Skills / Restrictions

Skills & Abilities:					
Restrictions:					

Reference Information

Name:		Phone Number:		Years Known:	
Name:		Phone Number:		Years Known:	

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Volunteer Applicant's Acceptance to Release Information

As part of UHC's volunteer program, references are checked prior to an offer for a volunteer position. UHC asks volunteer applicants to read and review the following statement: **I, the undersigned, hereby authorize and request individual(s), companies and and/or institutions having personal knowledge of me, to provide information that they might have in their possession in connection with this application for volunteerism; as requested by United Health Centers of the San Joaquin Valley and their agents. I am willing to acknowledge a photocopy of this authorization be accepted with the same authority as the original. Additionally, I hereby release the individuals, companies, and/or institutions, from any and all liability, claims or damages that might otherwise be incurred in furnishing the requested information.**

Print Name:	Signature:	Date
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Volunteer Applicant's Attestation & Wavier

I CERTIFY that the information provided in this volunteer application is true, correct, and complete and any misstatement or omission of fact on this volunteer application could be considered grounds for terminating the volunteer relationship. I also understand that receipt of this application does not imply that I will be given a volunteer position by United Health Centers.

In addition, I hereby waive all claims to monetary benefits for services rendered as a volunteer at this facility.

Print Name:	Signature:	Date
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Parental Consent (if under 18 years of age)

Print Name:	Signature:	Date
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I C A R E Values

We value UHC's Corporate Values - "I Care" motto

The following list of core values reflects what is truly important to us as an organization. Values do not change. For UHC these values are the center of how and why we do what we do.

We value **Integrity**

We maintain high standards of confidentiality, ethics, fairness, and honesty.

We value **Compassion**

We listen to our customer's needs. We are responsive, courteous, and kind.

We value **Advocacy**

We demonstrate this by committing to the care of the underserved by appropriately advancing the interest and considering the needs of those we serve.

We value **Respect**

We embrace the contributions of everyone and the value of diversity within our community.

We value **Excellence**

We uphold our standard of excellence with a culture of continuous improvement in the delivery of health care services through the strong work ethic and innovative spirit of our employees.

