

# UAB MEDICINE®

## College Volunteer Intern Application

Name: \_\_\_\_\_  
Last First Title

Address: \_\_\_\_\_  
Street City State Zip

Contact Info: \_\_\_\_\_  
Home Phone Cell Phone E-mail

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

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### Education

	NAME	D A T E S A T T E N D E D	DIPLOMA/DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER			

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### Work / Volunteer History

D A T E S O F W O R K / V O L U N T E E R	ORGANIZATION NAME	CITY, STATE	PHONE	REASON FOR LEAVING

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### Internship Availability Attestation

I certify that I am available for all required internship dates and times listed below and understand attendance is mandatory.

Initial \_\_\_\_\_

#### INTERNSHIP DATES

Intern Training and Program Preparation:

June 25 - June 29, 2026

10:00 a.m. - 3:00 p.m.

Teen Volunteer Program Session I:

June 1 - June 17, 2026

Monday, Tuesday, and Wednesday

8:00 a.m. - 4:00 p.m.

Teen Volunteer Program Session II:

July 29 - July 15, 2026

Monday, Tuesday, and Wednesday

8:00 a.m. - 4:00 p.m.

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## Application Literacy

Application	None	Beginner	Intermediate	Advanced	Expert
Microsoft Word					
Microsoft Excel					
Microsoft Publisher					
Adobe					
Other: _____					

### Software Skill Proficiency Scale

#### 0 — None

Has never used the program.

#### 1 — Beginner

Can perform simple tasks with guidance or instructions.

Examples: open files, type text, basic formatting, save/print.

#### 2 — Intermediate

Can use independently for everyday tasks.

Examples: formatting documents, simple formulas, inserting images/tables, editing existing files.

#### 3 — Advanced

Comfortable solving problems and using multiple features efficiently.

Examples: styles/templates (Word), formulas & sorting (Excel), layouts (Publisher), editing PDFs (Adobe).

#### 4 — Expert

Can teach others or build complex documents/systems from scratch.

Examples: mail merge systems, complex spreadsheets, automation, advanced formatting, form creation.

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**Medical History**

Who may we contact in case of an emergency or illness (please list two):

1. \_\_\_\_\_  
Name Home, Work, and/or Mobile Phone Relation
2. \_\_\_\_\_  
Name Home, Work, and/or Mobile Phone Relation

**Personal Health Information** – Please list any medications or food to which you’re allergic. Please list any pertinent medical conditions you may have. You may also fully describe any special accommodations you require. Please note that all applicants will be required to have a negative TB Skin Test prior to volunteering and proof of a current flu shot.

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**Certification by Applicant**

*I certify that the information given on this application and any other supporting documentation is true and correct and hereby grant UAB Medicine permission to verify such answers. I understand that any false statement on this application will constitute sufficient grounds for the rejection of this application and/or termination of my volunteer status. I pledge to uphold and adhere to the rules and policies of volunteering with UAB Medicine, the Guidelines of UAB Volunteer Services, and the Policies and Procedures herein.*

*UAB Medicine recommends that all volunteers maintain personal health insurance. Volunteers are not eligible for the On the Job Injury/Illness (OJI) benefits that are provided to UAB Medicine employees to cover expenses in the event of an injury or illness that may occur while providing volunteer services at UAB. If a volunteer chooses not to carry health insurance, a signature below indicates that volunteer understands that he/she is not eligible for OJI benefits and accepts full financial responsibility for any costs incurred for medical care necessary to treat accident, illness or injury sustained as a result of volunteering for UAB Medicine.*

*I acknowledge by checking the box below that I have read and understand these statements, and that I take financial responsibility for my own health care.*

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**Signature**

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**Date**

***UAB Medicine Volunteer Services***

***Contact Information***

*Website: [www.uabmedicine.org/volunteer](http://www.uabmedicine.org/volunteer)  
Phone: 205.934.4270 / Fax: 205.934.3222  
E-mail: [volunteerservices@uabmc.edu](mailto:volunteerservices@uabmc.edu)*

*Mailing Address: Volunteer Services  
619 19th Street South  
Spain Wallace W136  
Birmingham, AL 35249*

*Physical Address: Volunteer Office  
620 19th Street South  
Spain Wallace W136  
Birmingham, AL 35249*

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