



Shirt size: _____

Banner
University Medical Center

PMA APPLICANT PREBOARDING INTERVIEW & INFORMATION FORM

APPLICANT NAME:	
TYPE:	TEEN _____ ADULT _____
Drivers License:	YES NO (Please circle one)

WHY DO YOU WANT TO VOLUNTEER AT BUMCP?

WHAT ARE SOME OF YOUR STRENGTHS AND WHAT MOTIVATES YOU?

WHAT FIELD OF MEDICINE ARE YOU HOPING TO GO INTO?

*Please list the shift time or shift times that you are available to serve on the days below: (i.e Sunday 8:00am-12:00pm, 12:00pm-4:00pm, 4:00pm-8:00pm – We ask for a four-hour block in one day The more availability you have the better we can aim to place you in your choices)

DAY	START TIME	END TIME	START TIME	END TIME
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				