



UR
MEDICINE

NOYES
HEALTH



Student Volunteer/Intern Application

Name: _____

School Address: _____

Home Address: _____

Telephone: _____ Email: _____

Date of Birth: ___/___/___

Major(s): _____ Minor(s): _____

Expected Graduation Date: _____

I would like/am available to serve (please check) Tuesday: _____ Thursday: _____ Both: _____

I can serve the full time (9:30 – 2:15) on the day(s) I selected above; Yes: _____ No: _____

If you answered “No” to the above question, please indicate your availability: _____

Volunteer/Work Experience (most recent first):

Name of Employer: _____

Supervisor: _____ Dates worked: _____

Title/Responsibilities: _____

Name of Employer: _____

Supervisor: _____ Dates worked: _____

Title/Responsibilities: _____

Name of Employer: _____

Supervisor: _____ Dates worked: _____

Title/Responsibilities: _____

References (Must be someone you have known for at least a year and who is not a relative.)

Please include at least one professional reference (co-worker, supervisor, etc.).

	Name	Address	City	State/Zip	Phone #/Or Email	Relationship
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

How did you hear about our program? _____

Have you ever been convicted of a felony? Yes: _____ No: _____



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Do you have experience working with older adults? If not, that does not mean you cannot volunteer. We would just like to know about your experiences, if any.

If you do have experience working with older adults, please tell about a significant experience you have had and how it has inspired you to apply to become a volunteer/intern for the Home Away from Home Respite Center.

What are you hoping to accomplish through this internship/volunteer opportunity? Please be specific.

For Intern Applicants ONLY

SUNY Geneseo faculty/staff internship coordinator: _____

Number of Credits requested for internship? (Must be at least 1 credit. Each credit=40 hours): _____

Will this credit go towards your major/minor? Yes: _____ No: _____

I hereby authorize UR|Noyes Health, the Home Away from Home Respite Center, and its affiliates, to use and release photos and/or videos of me taken in the course of the program for promotional and marketing purposes.

Signature of Applicant: _____

By signing my name below, I affirm that the information on this application is true and accurate. I also understand that volunteering is contingent upon completing the required training.

Signature of Applicant: _____ **Date:** _____

Please return completed application form to:
Noyes Caregiver Resource Center
111 Clara Barton St.
Dansville, NY 14437

Or email to: noyes-caregiver@urmc.rochester.edu