



VOLUNTEER APPLICATION

Name: _____
(Last Name, First Name, Middle Initial)

Telephone: (Area Code) _____ Email address: _____

Address: _____
(Number, Street, City, Zip Code)

Emergency Contact _____ Phone# _____

Most Recent Employer: _____ Dates Employed: _____ Phone#: _____

Summary of Job Experience: _____

High School/College Attended: _____

Volunteer Experience: _____

Reference: (Please provide personal and professional/school references)

1) Name/Title: _____ Phone#: _____

Association: _____

2) Name/Title: _____ Phone#: _____

Association: _____ Phone#: _____

Have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, please explain _____

We require Volunteers to commit to one year/one semester of service. Is there any reason why you could not honor this commitment? _____

How did you hear about Volunteering at Highland Hospital? _____

Special area of interest? _____

Agreement

- * I give the Highland Volunteer Office permission to contact my references.
- * I understand that all hospital volunteers must follow New York State regulations for immunization screening and hospital orientation (And both must be updated yearly).
- * I will consider confidential all information I may gain, directly or indirectly, concerning a patient, physician, or any other person.

By signing this agreement, I understand and accept the above statements.

Signature: _____

Date: _____