

## Volunteer Application

DATE: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Are you currently a college student? \_\_\_\_ Year (Please Circle) 1 2 3 4 Grad

Name of College or University \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Do you have any school/work related required hours of service? Circle: Yes No

If yes, how many? \_\_\_\_\_

Currently you are circle: employed full time/part time unemployed retired

Why do you want to volunteer at Crouse Hospital?

\_\_\_\_\_  
\_\_\_\_\_

**Employment/volunteer history: Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience:**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job title \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

The typical Crouse volunteer works one 4-hour shift per week. We ask that you are able to give us a Commitment of 40 hours over a four month period. Are you willing to make such a commitment?

Circle: Yes No

Areas of service in which you might be interested in volunteering:

Do you wish to have patient contact? Y N  
 Are you interested in clerical assignments? Y N  
 Can you be available for extra training sessions? Y N

Ambassador \_\_\_\_\_ Emergency Dept \_\_\_\_\_ Clinical Areas \_\_\_\_\_ Surgery Centers \_\_\_\_\_

Gift Shop \_\_\_\_\_ Nutrition \_\_\_\_\_ Information Desk \_\_\_\_\_ Transport \_\_\_\_\_ Spiritual Care \_\_\_\_\_

Volunteer Availability:

	MON	TUE	WED	THUR	FRI	SAT	SUN
8 – Noon	_____	_____	_____	_____	_____	_____	_____
Noon – 4:00	_____	_____	_____	_____	_____	_____	_____
4:00 – 8:00	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____

Are you a year round resident? Yes No

If not, what months are you available? From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of any felony (which does not include minor traffic offenses, etc.)? Include a plea of guilty or no contest. NOTE: Conviction for a felony is not necessarily grounds for disqualification. Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**References: Please list complete information below: name, relationship, and email addresses for two references (not relatives).**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Circle= Personal or Business**

**Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Circle=Personal or Business**

**Emil** \_\_\_\_\_

Thank You

We will contact you for an interview after we receive your health information and references.

**Crouse Hospital**  
**Volunteer Services**  
**736 Irving Ave.**  
**Syracuse, NY 13210**  
**(315) 470-7571=Adult**  
**(315) 470-2757=College**  
**Fax (315) 470-5721**