



Volunteer Application

Date: _____

Last Name _____ First Name _____

DOB _____ E-Mail Address _____

Local Address _____ City _____

State _____ Zip Code _____ County _____

Phone Number _____ Cell / Home/ Office _____

Are you a year round resident? Yes No

If not, what months are you available? From _____ To _____

Home Address _____ City _____

State _____ Zip Code _____ County _____

Emergency Contact _____ Relationship _____

Phone _____

College Applicants only:

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 _____

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 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 ___ Clerical office _____

Volunteer Availability:

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



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, address, relationship, and email addresses for two References (not relatives). E-mail is the preferable way to contact for immediate action.

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