**CHOSPITVOLUNTEER SERVICES**

**736 IRVING AVENUE**

**SYRACUSE, NEW YORK 13210**

**315-470-2757**

**REGISTRATION FORM**

**PLEASE PRINT NEATLY**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL YEAR (CIRCLE): 8 9 10 11 12

PLEASE ENCLOSE A CHECK FOR $30.00 MADE PAYABLE TO CROUSE HOSPITAL – CHOICES

CHECK AND FORM MUST BE POSTMARKED NO LATER THAN OCTOBER 15.

PLEASE NOTE: I COMMUNICATE EXCLUSIVELY BY EMAIL AND WISH TO COMMUNICATE DIRECTLY WITH THE STUDENT. PLEASE PROVIDE THAT EMAIL ADDRESS. THANK YOU.

DICK SCOTT – 470-2757 – [richardscott@crouse.org](mailto:richardscott@crouse.org) – FAX 315-470-5721