

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