



## 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?

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**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 \_\_\_\_\_

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  
Fax (315) 470-5721**