



## Volunteer Application

Contact Information:

Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Work \_\_\_\_\_  
Email \_\_\_\_\_

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

\_\_\_\_\_  
Street Address

In Case of Emergency notify:

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip

\_\_\_\_\_  
Place of Employment  
School/College attending or graduated from \_\_\_\_\_

\_\_\_\_\_  
Are you volunteering for course or graduation requirements? No \_\_\_ Yes (# of hours \_\_\_\_\_)

No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer placement based on race, color, religion, age, sex, marital status, disability, sexual orientation or national origin.

How did you hear about us? \_\_\_\_\_

Skills, hobbies, interests, and language skills you are willing to share \_\_\_\_\_

Work Experience (Where are you employed or retired from?) \_\_\_\_\_

Volunteer Experience/Community Involvement (do you serve on any boards or belong to community service organizations or college alumni groups?) \_\_\_\_\_

How many times per week are you willing to come in for a volunteer assignment? \_\_\_\_\_

What is your anticipated length of commitment to Blythedale? \_\_\_\_\_

Please mark your preferred days: Sun\_\_\_ Mon\_\_\_ Tue\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_ Sat\_\_\_

Please mark your preferred time(s) of day: Morning\_\_\_ Afternoon\_\_\_ Evening\_\_\_

In which areas are you most interested in volunteering? \_\_\_\_\_

Are you willing to work on special events/committees? \_\_\_Yes \_\_\_No

continued...

Medical Information: All volunteers are required to provide the Hospital with their immunology and medical history. This information is reviewed by the Hospital's Employee Health Services before the volunteer begins an assignment.

Do you have any physical, mental or medical conditions which would limit your ability to perform the functions of the volunteer position for which you are applying? \_\_\_Yes \_\_\_No

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Where you previously employed or a volunteer at Blythedale? \_\_\_Yes \_\_\_No

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Name any relatives who are presently employed or patients at Blythedale: \_\_\_\_\_  
\_\_\_\_\_

Have you ever pleaded guilty or been convicted of a crime other than a minor traffic infraction? \_\_\_Yes \_\_\_No If yes, explain nature of crime, dates and state in which conviction occurred.

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

Note: A conviction record will not necessarily bar you from volunteering.

Please provide two personal or professional references who are not related to you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause termination of my volunteer position. I authorize Blythedale Children's Hospital Volunteer Services Department to fully investigate my references. Any placement commenced prior to receipt of references, a NYS Register of Child Abuse check and criminal background check is conditional upon satisfactory receipt of this information.

As a volunteer, I hereby agree that I will abide by all policies and procedures of the Volunteer Services Department and Blythedale Children's Hospital. I also understand that the Hospital is a smoke free environment.

I have read and clearly understand the above statements.

\_\_\_\_\_  
**Volunteer Applicant's Signature** **Date**

**If under 18 years of age:** Date of Birth \_\_\_\_\_ Working Papers Card # \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_