

APPLICATION FOR VOLUNTEER SERVICES

Name: _____

Address: _____

Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Date of Birth: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number(s): _____

Are you currently: Student Employed Unemployed Retired

Prior volunteer and/or community service: _____

Skills and interest: _____

Reason for volunteering: _____

How did you hear about Auburn Community Hospital's Volunteer Program?

Area of service where you might be interested in volunteering:

- Clerical Patient contact Gift Shop Spiritual Care Transport Information Desk
 Dietary Finger Lakes Center For Living One Day Surgery Surgical Waiting Room Other

Availability: M T W T F (please circle) Times Available: _____

Have you ever been convicted a crime? yes no If yes please provide dates and details.

Please List two references (not relatives)

Name: _____ Phone No. _____ Relationship: _____

Name: _____ Phone No. _____ Relationship: _____

Signature: _____

Date: _____