

# ADULT/COLLEGE VOLUNTEER APPLICATION

## NYACK HOSPITAL VOLUNTEER DEPARTMENT

160 N. MIDLAND AVENUE  
NYACK, NEW YORK 10960  
TELEPHONE 845-348-2181 or 2204

**Adult/College Volunteer Programs: Helen Hayes-Perkins, Director: 845-348-2181**

FOR OFFICE USE ONLY	
Volunteer Name:	
Date Received:	Interview Date:
Orientation Date:	
Human Resource Form:	Uniform:
Employee Health Clearance:	Reference Letter:
Placement area(s)	
Comments:	
Processed by:	

**Nyack Hospital Adult Volunteer/College Application**

**Nyack Hospital is an equal opportunity employer and does not discriminate against any applicant or employee on the basis of race, color, religion, creed, national origin, sex, age, marital status, disability, military or veteran status, sexual orientation, citizenship status, or any other basis prohibited by federal, state and local law.**

PLEASE PRINT

Male  Female

Date: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone# (home) \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Telephone# (work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever worked here before? Yes \_\_\_ No \_\_\_ If Yes, when/where? \_\_\_\_\_

Do you have a social security number? Yes \_\_\_ No \_\_\_

Reference:

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

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

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

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates your approval for us to check references. The Volunteer Services Department is not obligated to utilize your services as a volunteer nor are you obligated to accept the assignment offered.

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Please circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

	High School/College/ Trade School	Major Subject/Degree	Dates		Graduated Yes or No
			From	To	
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Limitations: \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

**SERVICE AREA and TIME PREFERENCE:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you prefer:		Morning	Afternoon	Evenings		
Would you prefer:		Patient contact	No patient contact	Limited patient contact		
Clerical			Other Departments			
Do you have computer experience? Yes or No If yes, list all computer applications with which you are familiar.						

Starting with your most recent position, list all positions and activities including self-employment, volunteer work, and all significant experience. If you need more space, please continue on back of page.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Employed: (month/year) \_\_\_\_\_ Date Separated (month/year) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties:  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Employed: (month/year): \_\_\_\_\_ Date Separated (month/year): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Have you ever been dismissed or forced to resign from any job held? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

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May we contact your present employer for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**APPLICANT, PLEASE READ THE FOLLOWING BELOW CAREFULLY BEFORE SIGNING**

**STATEMENT**

- **I understand that information contained on my application will be verified by Nyack Hospital Center Volunteer Department.**
- **I understand that this is an application for and not a commitment or promise of volunteer opportunity.**
- **I understand that all hospital volunteers must follow New York State regulations for initial immunization screening and attend the required hospital orientation, and annually update both.**
- **I will consider as confidential all information, which I may gain, directly or indirectly, concerning a patient, physician or any other person.**
- **I understand that a background check and drug test will be required to complete my volunteer application process.**
- **My signature attests to the fact that the information that I have provided on my application, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Service Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application or Fax to:  
**Nyack Hospital**  
**Volunteer Department**  
**160 N. Midland Avenue**  
**Nyack, New York 10960**

**Fax# 845-348-2160**  
**Attention: Volunteer Department**