



**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:** \_\_\_\_\_