



VOLUNTEER APPLICATION

****Please complete all areas of the application. Incomplete applications will not be processed***

Last Name: _____ First Name: _____ Nickname: _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone number: (Home) _____ (Cell) _____ E-mail address: _____

Emergency Contact: (Name) _____ (Phone) _____

Physician Name: _____ (Phone) _____

***For Students Only (must be at least 16 years old):**

School/Program: _____ (Graduation Year) _____

Extra-Curricular Activities: _____

Hobbies: _____

Occupation/Previous Work Experience _____

Previous volunteer experience: _____

Highest Level of Education Achieved _____

Volunteer service you prefer: _____

Skills:

- Typing
- Bookkeeping
- Computers
- Filing
- Food Service
- Microsoft Programs
- Phones
- Housekeeping
- Other _____

Hours Preferred:

- Morning
 - Afternoon
 - Evening
- State Any Specific Hours desired: _____

Days Preferred:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What volunteer service would you like to do? _____

Are you required to volunteer because of a court order? _____ How many hours? _____

How did you become interested in the MidHudson Regional Hospital (Mid-Hudson Valley Staffco, LLC.) Volunteer Program? _____

Are you able, with or without accommodation, to perform the duties of a hospital volunteer? _____

If you can perform this position with accommodation, describe how you would perform the tasks and with what accommodation(s). _____

Anticipated length of service: _____

Please list all languages other than English that you can speak fluently: _____

Please list 1 employment or professional reference (guidance counselor, teacher, or person in a professional capacity other than relatives, friends or physician).

Name: _____ Relationship: _____

Contact Information : _____

Have you ever been convicted of a crime or offense other than minor traffic violations which have not been expunged or sealed by a court? No [] Yes []

*If Yes, please describe: _____

Have you ever worked or volunteered at MidHudson Regional Hospital of Westchester Medical Center? No [] Yes []

*If yes, why did you leave? _____

STATEMENT OF APPLICANT

The statements on this application are true and all references and information given in this application may be investigated without liability. I give permission to MidHudson Regional Hospital to investigate all pertinent information concerning my application for volunteering. If accepted, I agree to abide by the policies of the volunteer program of Mid-Hudson Valley Staffco, LLC. I understand that if any of the statements in this application are found to be untrue, and I fail to comply with all requirements, I will be subject to immediate dismissal.

Signature: _____ Birthday ___/___/___ Date: _____

For Students Only:

As a student volunteer, I understand that I am required to:

1. Be a student between the ages of 16 and 18.
2. Not work more than 3 hours per day, 18 hours per week, or past 7:00pm when school is in session.
3. Have written consent from a parent or guardian.
4. Follow the hospital rules and regulations at all times.

Student Signature: _____ Date: _____

I hereby give permission for my child to volunteer at MidHudson Regional Hospital (Mid-Hudson Valley Staffco LLC.)

Signature of Parent or Guardian: _____ Date: _____

Please mail completed application and reference(s) to:
 MidHudson Regional Hospital
 Human Resources Department
 241 North Road
 Poughkeepsie, NY 12601

Reference

VOLUNTEER NAME: _____ DATE: _____

PLEASE HAVE EMPLOYER/GUIDANCE COUNCELOR/PROFESSOR OR OTHER PROFESSIONAL REFERENCE COMPLETE BELOW

HOW DO YOU KNOW THIS VOLUNTEER?: _____

HOW LONGE HAVE YOU KNOWN HIM/HER? FROM _____ TO _____

ATTENDANCE DURING EMPLOYEMENT/VOLUNTEER SERVICE/ SHOOL: _____

QUALITY OF WORK:

REASON FOR LEAVING (IF APPLICABLE): _____

DO YOU RECOMMEND HIM/HER FOR VOLUNTEER SERVICE: _____

NAME OF PERSON GIVING REFERENCE: _____

TITLE OF PERSON GIVING REFERENCE: _____

SIGNATURE: _____ (PHONE) _____

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