Cortland Regional MEDICAL CENTER

134 Homer Avenue P.O. Box 2010 Cortland, New York 13045-0960

VOLUNTEER APPLICATION

(please print)

Name:_____
(last name) (first name) (middle initial)

Address:_____
(street) (city) (state) (zip code)

E-mail:_____

Employer:_____ Phone#:_____

Occupation:_____ Birthday:_____
(month) (day)

Have you been referred by a current volunteer? Y/N By whom:_____

Please List Special Skills, Hobbies, Interests & other Volunteer Experiences:_____

_____

Have you ever been convicted of a misdemeanor or felony?_____

If so, please explain (Conviction will not disqualify for volunteering):_____

_____

EMERGENCY NAME: _____ PHONE#_____

Please Check Volunteer Service(s) of Interest:

___Admitting Receptionist/Escort
___Clerical Aide
___Coffee Shop Hostess
___Emergency Room (Treatment Area)
___Emergency Waiting Room
___Gift Shop Register
___Hospitality Cart
___Information Desk
___Maintenance
___Nursing Home
___OR Liaison
___Physical Therapy Transport
___Radiology Transport
___Spiritual Care

	Time Available		
DAY	**AM**	**PM**	**EVE**
Sun	___	___	___
Mon	___	___	___
Tues	___	___	___
Wed	___	___	___
Thurs	___	___	___
Fri	___	___	___
Sat	___	___	___

REFERENCE (S): (please list name, address, phone # and relationship to you)
Family members cannot be used as references

1)_____
_____
_____
_____

2)_____
_____
_____
_____

I certify that all information given on this application is true in all respects. I hereby give permission for the Volunteer Office to contact the references I have listed.

Signature of volunteer applicant _____

VOLUNTEER OFFICE **PHONE # 756-3555**