



# MONTEFIORE NYACK HOSPITAL ADULT VOLUNTEER APPLICATION

## EDUCATION/EMPLOYMENT

General Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed or forced to resign from any job held? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer for a reference?  YES  NO

Are you seeking employment at this time?  YES  NO

Have you ever worked at Montefiore Nyack Hospital before?  YES  NO

If yes please give locations and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a Social Security Number?  YES  NO

If you are presently employed, please answer the following:

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

Dates Employed: \_\_\_\_\_

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

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

Please check the highest level of education completed:

9th Grade  10th Grade  11th Grade  12th Grade

1 year College  2 year College  3 year College  4 year College

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## EMERGENCY CONTACT

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## REFERENCE (NON-FAMILY)

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## VOLUNTEER WORK PREFERENCE

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### Please read carefully, date, and sign.

- I understand that information contained on my application will be verified by Montefiore Nyack Hospital 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, attend the required hospital orientation, and annually update both.
- I will consider as confidential all information which I 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 material, is true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_