



**Nyack Hospital Adult Volunteer/College Application**

PLEASE PRINT CLEARLY

Male \_\_ Female\_\_ College Student: Yes\_\_ No\_\_

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

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

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

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

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

Cell Phone# \_\_\_\_\_

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

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

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

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

If yes, please give details.

\_\_\_\_\_

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

\_\_\_\_\_

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



**EMPLOYMENT HISTORY:**

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? Yes No  
If yes, explain: \_\_\_\_\_

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

Are you seeking paid employment at this time? Yes\_\_\_ No\_\_\_

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

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



**Non-family Reference (2):**

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

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

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

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

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Volunteering Preferences:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you prefer:		Morning	Afternoon			
Would you prefer:		Patient contact	No patient contact			
Do you have computer experience?		Yes	No			



**Please read carefully and sign at time of interview.**

- **I understand that information contained on my application will be verified by the 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 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 confirms that the information I have provided on my application, given verbally or provided on any other materials, is true and complete to the best of my knowledge. I authorize verification of any and all information submitted on this application.**

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

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