



Saint Joseph's Medical Center

St. Vincent's Hospital Westchester Division

VOLUNTEER APPLICATION

You must be willing to have a yearly **flu shot** be an active volunteer.
The minimum age to volunteer is 18 years old

Applicant Information					
Last Name		First		Date	
Street Address				Apt/Unit	
City		State		Zip	
Home Phone		Cell Phone		Birthdate:	
Email address:					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes please explain:	
Referred by?					
In case of emergency: Name _____ Telephone Number _____					
Availability					
Please check availability: Dates available: From: _____ To: _____					
Number of hours required by your school? (specify N/A for not applicable) _____					
Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday
Please list number of hours you will be volunteering					
Areas of Interest					
Please indicate which area(s) interests you?					
Experience/Education and Skills					
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed					
Current or most recent paid position held:					
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please indicate school:		
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Under Grad <input type="checkbox"/> Graduate student			Areas of study:		
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic		

Computer Skills/Software Used:

What are your reasons for volunteering?

- Give back for social interaction Build my resume Stay active Hours/Community Service
- Other: _____

Please let us know of any other talents and interests you have that would be helpful in your placement:

1. No person shall be denied a volunteer position on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex or disability.
2. If I do serve in a volunteer capacity at St. Vincent's Westchester I agree to abide by and observe all rules and regulations of the hospital and I understand that my volunteer position is conditional upon satisfactory replies from my references, a clearance on my physical examination and if needed a favorable report from the N.Y. State Central Register for Child Abuse and Maltreatment.
3. St. Vincent's Westchester complies with the American with Disabilities Act. Civil Rights Act of 1964, N.Y.S. Health code 405, Public law 90-202 and any other Federal and State laws prohibiting discrimination.
4. I understand that if I misrepresent any information on this application I will not be considered for a volunteer position and if I am I will be subject to immediate dismissal.
5. I further understand and agree that any volunteer position, which I may be offered will not be subject to a contract, and may be terminated by St. Vincent's Westchester or me at any time.

Please return application to:

Meg Sutton
Director Development and Volunteers
St. Vincent's Hospital
275 North Street
Harrison, NY 10528
msutton@svwsjmc.org

Signature _____ Date _____