

## VOLUNTEER APPLICATION

The minimum age to volunteer is 16 years old.

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

**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 Saint Joseph’s Medical Center 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. Saint Joseph’s Medical Center 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 Saint Joseph’s Medical Center or me at any time.

**Please return application to:**

**Maria F. Callarame  
External Affairs Manager  
Saint Joseph’s Medical Center  
127 South Broadway  
Yonkers, N.Y. 10701  
(914) 378-7536**

**Or, email application to Maria Callarame at [mcallarame@saintjosephs.org](mailto:mcallarame@saintjosephs.org).**

Signature \_\_\_\_\_ Date \_\_\_\_\_