



**Monroe
Community
Hospital**

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: (H) _____ (W) _____ (C) _____

EMPLOYMENT EXPERIENCE: (Please include your volunteer experience)

<u>Employer</u>	<u>Position</u>	<u>Duties</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest completed level of education: _____

Have you ever been dismissed from any type of employment?	Yes ___	No ___
Have you ever resigned from employment rather than face discipline or dismissal?	Yes ___	No ___

REFERENCES:

List the names and telephone numbers of two people (not related to you), that you have known for at least one year, who can vouch for your reputation, character, and work record.

<u>Name</u>	<u>Email</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

How did you hear about Monroe Community Hospital?

Why are you interested in volunteering?

HOURS AVAILABLE: Please list the days and times (e.g. morning, afternoon) you are available to volunteer.

VOLUNTEER OPPORTUNITIES: Please check the areas you are interested in.

- | | | |
|---|---|---|
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Hair Salon | <input type="checkbox"/> Media Center/TV production |
| <input type="checkbox"/> Transport Assistance | <input type="checkbox"/> Clerical | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Tapestry Gift Shop | <input type="checkbox"/> Resident Library | |
| <input type="checkbox"/> MCH Thrift Shop | <input type="checkbox"/> Gardening | |

SPECIAL SKILLS: Please list any special skills or abilities which may be useful at MCH, including foreign language or ASL proficiency, technical or artistic skills, hobbies, etc.

APPLICANT'S STATEMENT:

1. If accepted for a volunteer assignment with Monroe Community Hospital, I agree to abide by Monroe Community Hospital's policies and procedures.
2. The information contained in this application is complete and true to the best of my knowledge.
3. Any misrepresentation or omission of facts will be cause for immediate dismissal.
4. If I am offered a volunteer assignment, I agree to have a health assessment at Monroe Community Hospital's Employee Health Office, and annually thereafter.
5. I understand that my volunteer assignment is entered into voluntarily and that I am free to resign at any time. I agree that Monroe Community Hospital may terminate the volunteer relationship at any time whenever it is in the best interest of Monroe Community Hospital to do so.
6. I understand that as a Monroe Community Hospital volunteer, I will be expected to observe confidentiality with respect to all information I may possess regarding my interactions with Monroe Community Hospital's patients, residents and staff and any knowledge of the contents of confidential records. Failure to adhere to this agreement is grounds for immediate dismissal. I also agree to maintain confidentiality after I leave Monroe Community Hospital for whatever reason.
7. I hereby authorize Monroe Community Hospital to obtain personal reference and criminal background checks.

Signature: _____ Date: _____

If you are under the age of 18, you will need a parent or guardian to sign the statement below.

I give permission for _____ to participate in Monroe Community Hospital's Volunteer Program which includes a health assessment at Monroe Community Hospital's Employee Health Office as well as to receive a Tuberculin Skin Test if he/she has not had one in the past twelve months.

Signature: _____ Date: _____

RETURN THE COMPLETED FORM TO:

Laurie MacFarlane, Volunteer Services
Monroe Community Hospital
435 East Henrietta Road
Rochester, NY 14620
Phone (585) 760-6151 or 6150
Email: lauriemacfarlane@monroehosp.org