

For Office Use Only:  
Application Rec'd: \_\_\_\_\_  
c/s \_\_\_\_\_  
Appt. \_\_\_\_\_  
Time \_\_\_\_\_ With \_\_\_\_\_

**Volunteer Services Application**

**PERSONAL INFORMATION**

LEGAL NAME	Last	First	Middle	Social Security	
Address	House Number + Street		Apt. #	City/Town	State Zip
Telephone Preferred		Alternative		Email:	
Have you ever volunteered at NYP Lawrence Hospital? When? What Department? Why did you leave? YES <input type="radio"/> NO <input type="radio"/>					
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?					
Name:		Relationship:		Phone:	
Are you 18 years of age or older? YES <input type="radio"/> NO <input type="radio"/> If you are under 18, your parent or guardian's signature is required. <b>See page 3.</b>					

**TELL US ABOUT YOURSELF**

Day(s) and Time (s) you are available to volunteer? Please be specific:	What area are you most interested in? Direct Care/Patient Contact <input type="radio"/> Administrative/Clerical <input type="radio"/>
	What population would you like to work with? (check all that apply) Children <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> No Preference <input type="checkbox"/>
What departments or programs are you most interested in? List specific, refer to campus opportunities on website:	Do you speak another language(s)? YES <input type="radio"/> NO <input type="radio"/> If yes, what language(s)?
Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? YES <input type="radio"/> NO <input type="radio"/> If yes, please describe:	Who referred you to us? _____

## EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

**Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first.**

**If you have never worked or volunteered in past, please go to the next section.**

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YES <input type="radio"/> NO <input type="radio"/>	

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YES <input type="radio"/> NO <input type="radio"/>	

## EDUCATION INFORMATION

<p><b>If you are currently in high school, please tell us what school do you attend?</b></p> <p>Major/Concentration:</p> <p>School Location:</p>	<p>What grade are you in?</p> <p>What is your average (i.e. A, 3.0, 85%, etc.)?</p>
<p><b>What college/university do or did you attend?</b></p> <p>Major:</p> <p>School Location:</p> <p>Did you graduate? YES <input type="radio"/> NO <input type="radio"/></p> <p>Graduation Date: _____ GPA: _____</p> <p>Degree completed:</p> <p>Expected/Anticipated Graduation date:</p>	<p>Other schooling, certifications or licenses?</p> <p>School:</p> <p>Certificate, License, Degree:</p> <p>School:</p> <p>Certificate, License, Degree:</p>
<p><b>Are you required to volunteer? YES <input type="radio"/> NO <input type="radio"/></b></p> <p>If yes, what is the reason?</p> <p>What are the requirements (i.e. hours, type of placement)?</p>	<p><b>Will this be a field placement for you?</b> Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, Course Title: _____ Credits</p> <p>Professor's Name:</p> <p>Telephone Number:</p>

## PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at NYP Lawrence Hospital:

**Please read the following statements carefully, as they represent matters of importance to you and to NYP Lawrence Hospital in connection with this volunteer application.** After you have read the form in its entirety, please sign below.

I understand and agree that:

- The information provided in this application, in my resume (if supplied) and during my interview(s) is true and complete to the best of my knowledge. I understand that any false or misleading statements on this application, on my resume, on any prescreening documents or in my interview(s) will justify refusal of volunteer status or, if I am hereafter on boarded by NYP Lawrence Hospital, termination of my volunteer status.
- NYP Lawrence Hospital may verify all of the information that I have provided on this application and I release NYP Lawrence Hospital and its representatives from liability for seeking such information and I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing NYP Lawrence Hospital with such information. I further agree to sign whatever consent forms may be necessary to permit NYP Lawrence Hospital to verify all of the information that I have provided in this application.
- I understand that falsification or omission of information on my application may result in my immediate dismissal.
- I understand that if I am offered a volunteer opportunity, my volunteering will be "at will," meaning that either I or NYP Lawrence Hospital may end the volunteer relationship for any lawful reason, at any time, with or without notice.

**In consideration of any volunteer opportunity which may be offered to me, I agree to comply with the policies, rules, regulations and procedures of NYP Lawrence Hospital.** This application will remain current for 90 days. At the conclusion of the 90-day period, if I have not then been on boarded as a volunteer by NYP Lawrence Hospital, I understand that I must complete and submit a new application to remain eligible for consideration for volunteering.

*My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.*

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

**Parent or other legal representative must sign if applicant is under 18 years of age.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER CHARACTER REFERENCE**

**NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH YOUR APPLICATION AS ONE PACKET. NO APPLICATION WILL BE REVIEWED WITHOUT A COMPLETED VOLUNTEER CHARACTER REFERENCE FORM ATTACHED.**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

**Applicant Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I authorize NYP Lawrence Hospital, or any agent it expressly authorizes to act on its behalf, to investigate fully all the information and references contained on my application for a volunteer position. I release my current employer as well as former employees and other appropriate references from any liability and responsibility for providing written or verbal information about me to NYP Lawrence Hospital.

*My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.*

**Signature:** \_\_\_\_\_

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

**SECTION 2: TO BE COMPLETED BY REFERENCE (Family members should not act as a reference)**

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

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- How long have you known the applicant?
- In what role? Professional  Personal  Academic  Other
- Below, please evaluate the applicant in the following categories:

Evaluation Rating	Excellent	Above Average	Average	Needs Improvement	Not Applicable
Attendance/Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Professional references, please answer questions 4 & 5. If not, please proceed to question 6:**

- Please indicate his/her job title and dates of employment:
- Would you rehire: Yes  No  If no, please explain:
- Do you have any additional information that would help us evaluate this candidate?

*My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.*

**Reference Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Where do I send my application?**

You can return your application by email, postal mail, or fax to:

NYP Lawrence Hospital  
Director of Volunteers  
55 Palmer Avenue  
Bronxville, NY 10708

Email: [mellis@lawrencehealth.org](mailto:millis@lawrencehealth.org)  
Fax: 914.787.3020