

Volunteer Application

Check One

- Volunteer Student Intern
 Student Musicians & Entertainment

PERSONAL INFORMATION

Date: _____ Start Date: _____ Applicant's Age: _____

Name: _____

Address: _____

Telephone: _____ Cell: _____

PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED AND THE APPLICATION SIGNED BY VOLUNTEER

Have you ever volunteered at Sitrin before? Yes No If yes, _____

Areas of Interest: _____

Additional information: _____

When are you available to volunteer? Monday Tuesday Wednesday Thursday Friday

Number of hours you are available to volunteer per week: _____ Hours each day: _____

Do you have transportation? Yes No

If you are participating in an internship for high school or college credit, include the name of the program and its supervisor: _____

Grade you will be entering this fall: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address if different: _____

Volunteers will have to attend a mandatory orientation program and supply appropriate medical records. All volunteers must have a physical and Mantoux test within the last 12 months or TB Screen if positive, along with proof of a negative chest x-ray, and proof of (2) MMR's or immunity before they can begin. Volunteers will be required to report on days scheduled, and complete tasks assigned. Proper work attire is required. Violations of set volunteer policies can result in dismissal.

Volunteer Signature: _____

Parent Signature: _____

(If Applicable)



CLICK HERE TO PRINT, SIGN, & MAIL

Mail To: 2050 Tilden Ave
PO Box 1000
New Hartford, NY 13413-1000

OR



CLICK HERE TO SUBMIT ELECTRONICALLY

By checking this box, I declare that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete.

Charles T. Sitrin Health Care Center, Inc.

Dept. Responsible : Community Relations/Foundation

() New page (X) Replaces-Dated 7/2008. Effective Date: 05/2010

SITRIN

The Help. The Hope. The Healing.