

# 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.