

VOLUNTEER APPLICATION



**St. Anthony Community Hospital
Schervier Pavilion
Mt. Alverno Center**

PERSONAL DATA

NAME: _____
 LAST **FIRST** **email address:**

PRESENT ADDRESS: _____ () _____
 Street **City** **State** **Zip** **Phone Number**

MONTH & DAY OF BIRTH: _____ **Cell Phone #:** _____

VOLUNTEER WORK DESIRED

Type of volunteer position desired: _____

VOLUNTEER LOCATION DESIRED

Please check:

Bon Secours Community Hospital _____
Good Samaritan Hospital _____
Warwick Healthcare Campus _____

SPECIAL INTERESTS

List Hobbies, Activities:

Days Preferred:	Time Preferred:	Morning	Afternoon	Evening
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____

**Warwick Campus Facilities – Volunteer Department
15 Maple Avenue
Warwick, NY 10990
Telephone: (845) 987-5244 or (845) 987-5185
Fax: (845) 987-5312
www.StAnthonyCommunityHosp.org**

WORK EXPERIENCE

Name & Address of Employer:
Job Title and Description of Duties:
Name & Address of Employer:
Job Title and Description of Duties:

VOLUNTEER EXPERIENCE

Name/Address/Phone Number of Volunteer Organization:
Type of Service:
Dates of Service:
Name of Supervisor Reason for Leaving:

TO BE FILLED OUT BY THE VOLUNTEER DEPARTMENT:

Interview Date:
Badge:
Occupation Health: Orientation Date
Department/Placement

EMERGENCY CONTACT INFORMATION WHILE ON DUTY, CONTACT:

NAME: _____

LAST	FIRST	Cell Phone #
-------------	--------------	---------------------

ADDRESS: _____

Street	City	State	Zip	Phone Number
---------------	-------------	--------------	------------	---------------------

VOLUNTEER PLEDGE:

I WILL ACCEPT RESPONSIBILITY TO BE PUNCTUAL AND DEPENDABLE. I WILL PERFORM MY ASSIGNMENTS, REFRAIN FROM DOING WHAT I HAVE NOT BEEN TRAINED TO DO, AND ABIDE BY THE HOSPITAL STANDARDS OF CONDUCT, ETHICS AND DRESS CODE.

SIGNATURE OF APPLICANT

DATE

Warwick Campus Facilities – Volunteer Department
15 Maple Avenue
Warwick, NY 10990
Telephone: (845) 987-5244 or (845) 987-5185
Fax: (845) 987-5312
www.StAnthonyCommunityHosp.org