

Volunteer Application



Attn: Heather Garrow Volunteer Coordinator
 154 Prospect Avenue
 Plattsburgh, NY 12901
 Ph: (518) 563-5440 ext: 170
 Fax: (518) 563-1206

"Caring for the Community Since 1974"

Check us out on the web at
www.meadowbrookhealth.com

Please check one:

- Adult Volunteer
- Student 14-18 yrs. Old
- College Student

If you are a student volunteer, please list the school you are currently attending:

Date Submitted:

Applicant			
Name (Please Print) Last Name		First Name	Middle Initial
Address		City	Zip Code
Phone (Area Code)		Cell Phone (Area Code)	E-Mail Address
Personal Record			
Do you have work experience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details:			
Present Employer/Past Employer		Phone (Area Code)	
Address		City	Zip Code
Immediate Supervisor		Duties:	
Have you done any volunteer work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where did you volunteer and what did you do?			
IN CASE OF EMERGENCY, NOTIFY:		Name	
Relationship		Phone	
Have you ever been convicted of or pled guilty to a crime (felony or misdemeanor) which had not been expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe the nature of the crime, when it occurred and your subsequent rehabilitation:			
Education			
High School		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major:		Presently enrolled as a student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Awards and/or Special Recognitions: _____			

Placement Information

Type of Assignment Desired: Patient Contact Administrative/Clerical Other

Are there any specific tasks or type of activities that you would not be able to do due to health or other reasons? Yes No If yes, please specify: _____

How did you learn about volunteering at Meadowbrook Healthcare? _____

How soon are you able to volunteer at Meadowbrook Healthcare? _____

Days and Times Preferred (Please specify hours)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Special Skills And Training:

Office: Computer Programs Proficient In: _____

Phone Filing

Creative: Arts and Crafts Sewing Knitting Musical Talent

Interpersonal: Greeter One-on-One With Resident

Please explain briefly your reasons for volunteering:

Hobbies: _____ Birthday: Month Day

I am willing to volunteer _____ hours a week. (minimum 4 hrs per month)

Can you commit yourself to a minimum of (4) four months of volunteer work at Meadowbrook Healthcare?

Yes No

Whom may we call as a reference (non-relative)?

Name: _____ Occupation: _____

Phone: _____

Name: _____ Occupation: _____

Phone: _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Please Do Not Write Below This Line

Date of Interview: _____ Orientation Date: _____

Assignments: _____

Comments: _____
