

# STRONG HEALTH

## HIGHLAND HOSPITAL

### VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Telephone: (Area Code) \_\_\_\_\_

Address: \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Most Recent Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Telephone: \_\_\_\_\_

Summary of Job Experience: \_\_\_\_\_

High School/College Attended: \_\_\_\_\_

Degree Program(s): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_ Telephone: \_\_\_\_\_

References: (please provide personal and professional/school references)

1) Association: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Association: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please explain \_\_\_\_\_

We require volunteers to commit to one year/one semester of service. Is there any reason why you could not honor this commitment? \_\_\_\_\_

How did you hear about Volunteering at Highland? \_\_\_\_\_

Areas of interest: \_\_\_\_\_

- I agree that the Highland Volunteer Office may contact my references regarding my volunteer placement.
- I understand that hospital volunteers must follow New York State regulations for initial immunization screening and hospital orientations (both must be updated yearly).
- I will consider as confidential all information which I may gain, directly or indirectly, concerning a patient, physician, or any other person.

**By signing this, I understand and accept the above statements.**

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

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