



## Volunteer Application

### Contact Information

<b>First and Last Name</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Student</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Student Availability (Semester)</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER
<b>College or University</b>	
<b>E-Mail Address</b>	
<b>Preferred Contact Method</b>	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Interests

*Please check all areas of interest*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Patient Contact          | <input type="checkbox"/> <i>Pet Therapy*</i>               | <b><i>*indicates a special opportunity program, please contact us for details</i></b> |
| <input type="checkbox"/> Non Patient Contact      | <input type="checkbox"/> Physical Therapy                  |   |
| <input type="checkbox"/> Clerical                 | <input type="checkbox"/> Emergency Room                    |   |
| <input type="checkbox"/> Outpatient Laboratory    | <input type="checkbox"/> Patient Ambassador                |   |
| <input type="checkbox"/> Admissions/Information   | <input type="checkbox"/> Behavioral/Mental Health Services |   |
| <input type="checkbox"/> Nutrition and Dining     | <input type="checkbox"/> Other (Please Specify)            |   |
| <input type="checkbox"/> Gift Shop                | _____  |   |
| <input type="checkbox"/> Fundraising              |  |   |
| <input type="checkbox"/> Cancer/Infusion Services |  |   |

### **Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

### **Previous Volunteer Experience**

Summarize your previous volunteer experience:

### **Why Cayuga Medical Center?**

Summarize what interests you about volunteering for Cayuga Medical Center:

### **Special Interests:**

Summarize what areas you would like to be a part of during your volunteer experience:

## Person to Notify in Case of Emergency

<b>Name</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Home Phone</b>	
<b>Work or Cell Phone</b>	
<b>E-Mail Address</b>	
<b>Preferred Contact Method</b>	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering at Cayuga Medical Center.

## Our Contact Information

**Crystal Barkman**  
**Manager Volunteer Services**

Cayuga Medical Center  
101 Dates Drive  
Ithaca, NY 14850

Ph: 607.274.4331   Fax: 607.252.3004

Email: [Cbarkman@cayugamed.org](mailto:Cbarkman@cayugamed.org)