



A Member of Cayuga Health System

Volunteer Application

Contact Information

First and last name	
Street Address	
City, ST, Zip Code	
Home Phone	
Cell Phone	
Student or Adult	
College or University	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Interests

Please check areas you may be interested in volunteering in.

- Patient contact
- Non Patient contact
- Clerical
- Accounting
- Admissions
- Nutrition and dining
- Family Support
- Gift Shop

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.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home phone	
Work or cell phone	
E-Mail Address	

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.

Name (printed)	
Signature	
Date	

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.

Cayuga Medical Center Auxiliary

Cayuga Medical Center requests that all volunteers be registered as members of the "Cayuga Medical Center Auxiliary".

Volunteer Department fax number: 607-252-3004

Volunteer Coordinator: trappleye@cayugamed.org