



SARATOGA HOSPITAL
people you trust. care you deserve.

211 Church Street
Saratoga Springs, NY
12866-1090

tel: 518.587.3222

Saratoga Hospital Volunteer Services Department
211 Church Street* Saratoga Springs* NY*12866* 518-583-8447*estpierre@saratogahospital.org

Volunteer Application

Equal Opportunity Statement: This Hospital maintains a policy of non-discrimination and will not be influenced in any manner by any individual's age, race, color, sex, religion, creed, national origin, ancestry, disability, marital status, sexual orientation, gender identity or expression, military or veteran status, genetic predisposition or carrier status, domestic violence victim status, or any other status or characteristic protected by law.

Name (Print): _____

Address: _____

Email: _____ Phone: _____

If you are under 18 years, do you have a work permit?..... Yes No

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

If Yes, please explain _____

Have you ever volunteered at Saratoga Hospital?Yes No If Yes, when? _____

Have you ever volunteered elsewhere?.....Yes No If Yes, where? _____

Are you required to volunteer?.....Yes No If Yes, by whom? _____

How did you hear about our volunteer program? _____

Why do you wish to volunteer at Saratoga Hospital? _____

EDUCATION (Please circle last grade/year completed)

High School 9 10 11 12 _____ High School Name _____

College 1 2 3 4 5+ _____ College Name _____ Degree/Major _____

WORK EXPERIENCE (Please complete for your most recent employer)

Employer _____ Job Title _____

Reason for Leaving _____ Job Duties _____

AVAILABILITY (Please check the boxes for the days and times you are most often available to volunteer):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Skills (Please check all that apply):

- Clerical/Filing/Copying/Mailing
- Computer Literacy
- Errands/Delivery/Driving
- Greeter/ Escort
- Other _____

Preferred Service Area(s)

- Treasures Boutique
- Gift Shoppe
- Medical/Surgical Floor
- Radiation Oncology Center
- Information Desk
- Medical Library
- Pastoral Care
- Dog Therapy
- Urgent/Emergency Care
- Other _____

Please list two (2) professional (non-family) references (name, title, email address and/or phone)

1. _____
2. _____

Applicant's Certification and Agreement

If I misrepresent or deliberately leave out a fact in my application, I may be refused a volunteer position or, if presently a volunteer, I may be terminated. The Hospital has my authorization to thoroughly investigate my work, medical, and personal history. I will hold no person liable for giving or receiving information in this investigation. I may terminate my volunteer position at any time without notice or cause and the Hospital may terminate or modify the relationship at any time without notice or cause. In consideration of the position, I agree to conform to the rules and regulations of the Hospital. Any offer of a volunteer position is contingent upon successful completion of a health assessment and attendance at General Orientation. Any doctor, hospital, or testing laboratory may conduct medical tests to determine my ability to perform duties now or in the future and may release all information necessary to the Hospital. I understand that my status as a volunteer is for no definite period of time. I have read and agree to the above and hereby certify that the facts I have provided in my Volunteer Application are true and complete.

Signature _____

Date _____

