



FOR OFFICE STAFF:

- Volunteer #, Name Badge, Tracking Sheet, Track It Forward

NAME (Please Print) LAST FIRST DATE

MAILING ADDRESS PHONE City State Zip

WILL YOU COMMIT TO 4 HOURS/WK UNTIL AUGUST 2021 TO HELP AT THE YH VACCINE CLINIC? YES or NO

DATE OF BIRTH E-MAIL ADDRESS

OCCUPATION/SKILLS/INTERESTS/COMMUNITY AFFILIATIONS/HOBBIES

WHO REFERRED YOU TO VOLUNTEER SERVICES? DO YOU SPEAK A FOREIGN LANGUAGE? DO YOU HAVE COMPUTER SKILLS? PERSON TO BE CONTACTED IN CASE OF EMERGENCY

PLEASE LIST TWO PERSONAL REFERENCES (NON-RELATIVES)

- 1. Name E-mail, Phone 2. Name E-mail, Phone

TYPE OF VOLUNTEER SERVICE DESIRED

ON WHAT DATE ARE YOU AVAILABLE TO BEGIN?

DAYS AND TIMES AVAILABLE (Be Specific): Morning Afternoon Evening

ARE YOU WILLING TO BE "ON CALL" AS A SUBSTITUTE?

Would you need any special accommodations to perform volunteer work at York Hospital

Where did you receive your flu shot this season?

CONFIDENTIALITY STATEMENT: I understand and agree that in the performance of my role as a volunteer at York Hospital, I must hold medical information in confidence.

Date Signature