



FOR OFFICE STAFF:

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

DATE _____

NAME (Please Print) LAST FIRST PREFERRED NAME FOR NAME BADGE

MAILING ADDRESS _____ PHONE _____

City State Zip

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 (Name, Address, Phone) _____

PLEASE SEE ATTACHED REFERENCE FORM

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? _____

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. Furthermore, I understand that intentional or involuntary violation of confidentiality may result in dismissal.

Date Signature