



FOR OFFICE STAFF:

- Volunteer #                       Tracking Sheet
- Name Badge                       Track It Forward

DATE \_\_\_\_\_

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

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 City State Zip PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OCCUPATION/SKILLS/INTERESTS/COMMUNITY AFFILIATIONS/HOBBIES \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE:** ALL VOLUNTEERS MUST HAVE A FLU SHOT DURING FLU SEASON (October through March unless extended) AND COVID VACCINES WITH BOOSTER.

DO YOU CURRENTLY OR HAVE YOU PREVIOUSLY WORKED AT YORK HOSPITAL? YES \_\_\_ NO \_\_\_

Please include DATES \_\_\_\_\_

WHO REFERRED YOU TO VOLUNTEER EXPERIENCES? \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_