



Volunteer Services
 600 McClellan Street, Schenectady, NY 12304
 Phone: (518) 243-4009
 Fax: (518) 612-8623
 CarrR@ellismedicine.org

ADULT VOLUNTEER APPLICATION

Name _____

Complete Address _____

Home Phone _____ Cell Phone _____

SSN _____ E-Mail Address _____

Employment/Educational background _____

Do you have a Healthcare background? Yes No If yes, please explain: _____

Applicant has been convicted of a misdemeanor or felony, and/or has pending criminal charges against them? Yes No
 If yes, please explain: _____

Why would you like to volunteer at Ellis? _____

Day(s) available _____ Circle time preferred: Morning or Afternoon

Previous volunteer experience _____

Types of volunteer positions in which you would be interested: (Check one or more)

- Clerical (filing, etc.) _____
- Emergency Rooms (greeting, restocking, etc.) _____
- ICU (waiting room greeting & escorting visitors) _____
- Integrative Therapy _____
- Information Desk (phone, registering patients, greeting visitors) _____
- Nursing Home (transporting, assisting with art/music, one-on-one with residents) _____
- Nursing Units (talking with patients, providing water, etc.) _____
- Pastoral Care (Eucharistic Minister) _____
- Bellevue Woman's Center _____
- Medical Center of Clifton Park _____
- Vendor Sales _____
- Gift Shops (cashier, stocking shelves) _____
- Transportation _____
- Patient Experience/Friendly Visitors: _____

Emergency Contact:

Name	Relationship	Phone

References: Please include on the backside of this page.

Signature _____ Date _____
 (Your signature serves as approval for us to check references)

A background check will be done on all volunteer applicants prior to being appointed to a position at Ellis Medicine.

It is the policy of Ellis Medicine to prohibit discrimination on the basis of race, color, sex, creed, marital status, national origin, mental or physical disability, age, sexual orientation or source of payment, consistent with applicable legislation and to comply with the laws pertaining thereto.

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References

Please include two personal/professional references, excluding relatives.

Provide complete addresses in order for your application to be processed. Please print clearly.

1. Name _____ Company _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

2. Name _____ Company _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____