



Volunteer Application Form

Today's Date: _____ Date of Birth: _____

Full Name: _____ SS# _____

Street: _____ City: _____ State: _____ ZipCode: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Education & Work Experience

Current Employer: _____ Phone # _____ Duties: _____

Highest Grade Completed: 9 or less 10 11 12 1 2 3 4 M.S. PhD. Other: _____

Participation in other Volunteer/Community Activities: _____

Hobbies: _____

List physical limitations/chronic illnesses: _____

Emergency Contact: _____ Phone Number: _____

Location Preference(s)	Availability	M	T	W	T	F
	8a-2p					
	9a-3p					
	Other:					
	Will you substitute on short notice? <input type="checkbox"/> yes <input type="checkbox"/> no					

REFERENCES

Please provide names of two people (not related to you):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

How did you hear about our Volunteer program? _____

Signature: _____ Date: _____

Please read and sign:

If accepted into the Cole Memorial Volunteer Services program, I agree to:

Hold **absolutely confidential** all information that I may obtain directly or indirectly concerning patients and staff.

Honor my commitment to a specific job assignment.

Be professional, conscientious, and conduct myself with dignity, courtesy and consideration of others.

Maintain a well-groomed appearance and abide by the dress code policy.

Attend orientation and in-service training as scheduled.

Perform all assignments in a professional manner, and seek the assistance of the Director when necessary.

Discuss any problems, criticism or suggestions with the Director.

Become familiar with and adhere to the Hospital's policies and procedures.

Adhere to the volunteer sign-in procedure for recording hours volunteered.

Notify the Director if unable to volunteer as scheduled.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with Hospital policies; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the Director, would make continued services as a volunteer contrary to the best interests of Charles Cole Memorial Hospital and its patients.

Criminal Background: Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? _____ Yes _____ No

If yes, please give the particulars including the type and date of the offence:

Note: A conviction will not necessarily disqualify an applicant from employment; however, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services - 169 Act and others that may relate to your suitability for employment in the position for which you have applied.

Signature: _____ Date: _____

PLEASE EMAIL TO: kari.kurtz@colememorial.org

OR MAIL TO: Cole Memorial Volunteer Dept., Attn: Kari Kurtz
1001 E. 2nd St., Coudersport, PA 16915