

# ADULT/COLLEGE VOLUNTEER APPLICATION

YaleNewHavenHealth  
Yale New Haven Hospital

Date \_\_\_\_\_

Please complete and return this application to:

Yale New Haven Hospital, Department of Volunteer Services, 20 York Street, EP1-612. New Haven CT 06510-9921

Please note that incomplete applications will be returned.

**(Please Print)**

Prefix:

Mr.

Mrs. Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Ms.

Preferred Telephone(s): \_\_\_\_\_  Home  Cell  Work

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

### Current Address

### Former Address

Street \_\_\_\_\_ Street \_\_\_\_\_

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

### For which program are you applying?

Adult Volunteer Program

College/Graduate School:  Academic Year Program (September - May)  Summer

### REFERENCES

#### TWO PROFESSIONAL OR EDUCATIONAL REFERENCES REQUIRED

REFERENCES MAY NOT BE MEMBERS OF YOUR FAMILY, OR INDIVIDUALS WITH WHOM YOU RESIDE.

#### REFERENCE # 1

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Home

Street \_\_\_\_\_

Work

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

#### REFERENCE # 2

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Home

Street \_\_\_\_\_

Work

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

## VOLUNTEER and COMMUNITY ACTIVITIES

AGENCY/ORGANIZATION	POSITION	DATES	

Have you ever volunteered at YNHH?
If so, when?

## EDUCATION

Type of School	School Name	Major Course of Study	Expected Graduation Date/Graduation Date
High School or GED			
Business, Technical, Professional			
College or University			
Graduate School			

## EMPLOYMENT HISTORY

1. Current or Last Employer

Position Title	Dates
Reason for leaving	

2. Previous Employer

Position Title	Dates
Reason for leaving	

Are you currently or have you ever been employed at Yale New Haven Hospital?  Yes  No

Dates	Department
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Do you have any immediate relatives currently employed at Yale New Haven Hospital?  Yes  No

If yes, provide names and locations. *Yale-New Haven Hospital does not place volunteers under the direct supervision of immediate relatives.*

## PREFERENCES

**SCHEDULE:** Our minimum commitment is 6 months, one 3-4 hour shift per week. Please indicate your preferred availability for this commitment below. College and graduate student volunteers, we will adjust your schedule as your class schedule changes from one semester to the next.

- Weekdays:**       Mornings       Afternoons       Evenings  
**Weekends:**       Mornings       Afternoons       Evenings

**ASSIGNMENT PREFERENCE:** Please check the types of volunteer assignments that interest you.

- Behind the Scenes:** Volunteers who are placed in a behind the scenes assignment assist staff with clerical duties, deliveries, and light computer work.
- Customer Service:** Volunteers in a customer service position assist patients, visitors, and staff in navigating throughout the hospital.
- Patient Support:** Volunteers placed in a patient support assignment provide assistance to patients and staff. Assignments may vary between moderate or intense patient support.
- Integrative Wellness Programs:** Certification and expertise in these areas is required (i.e. Reiki, Pet Therapy and Music Therapy).
- Interested in a specific assignment or offsite location?**

Please specify: \_\_\_\_\_

**TELL US ABOUT YOURSELF:** Briefly tell us why you are interested in volunteering at Yale-New Haven Hospital. Also include any special skills or limitations you may have and anything else that would be helpful for us to know when placing you as a volunteer.

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## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal. I hereby authorize Yale New Haven Hospital to request information regarding my application for volunteer work from the references I have provided. I authorize Yale New Haven Hospital to take my photograph in relation to my volunteer position. For the safety of patients, their families, and hospital staff, the screening process for Yale New Haven Hospital volunteer applicants over age 18 includes a comprehensive background check, to be conducted with your signed authorization, following your interview in Volunteer Services.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have read, understand, and agree to this statement.*

How did you hear about our program?

College/University

YNHH Offsite Location

Please specify the location: \_\_\_\_\_

Referred by a friend/family member/volunteer

Name: \_\_\_\_\_

Flyer

Newspaper

Other: \_\_\_\_\_

**For use by Volunteer Services Staff:**