



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 _____

PHONE _____

City State Zip

DATE OF BIRTH _____ E-MAIL ADDRESS _____

OCCUPATION/SKILLS/INTERESTS/COMMUNITY AFFILIATIONS/HOBBIES _____

PLEASE NOTE: ALL VOLUNTEERS MUST SUBMIT FLU SHOT INFORMATION DURING FLU SEASON (October through March unless extended).

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) _____

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 _____