

**Beth Abraham  
Health Services**  
612 Allerton Avenue, Bronx, NY 10467  
(718) 519-5933

*Volunteer Application*

Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
(optional)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(street, apt. #) (city) (zip code)

Home Phone # \_\_\_\_\_ cell/office phone# \_\_\_\_\_

Education: List name of school  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Technical \_\_\_\_\_

Employment History ( List most recent first)

Dates Employed	Employer's Name	Job Title
_____	_____	_____
_____	_____	_____

Volunteer Experience: \_\_\_\_\_

Special Training: \_\_\_\_\_

Referred By: \_\_\_\_\_

In case of illness notify  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  
(applicants will not be rejected based on conviction record alone)  
If yes, please explain: \_\_\_\_\_

Please list two references (employer, friend, clergy, physician) Include full address.

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

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

Why are you interested in volunteering? \_\_\_\_\_

Are you interested in direct involvement with residents? \_\_\_\_ Yes \_\_\_\_ No

Please make an X next to any of the following areas in which you are interested:

Friendly visiting       Clerical Work       Arts/Crafts  
 Holiday Celebrations       Feeding       Computers  
 Music Therapy       Rehab Therapy       Telephone support

Hobbies (specify) \_\_\_\_\_

Foreign Language (specify) \_\_\_\_\_

Speak \_\_\_\_\_ Read and write \_\_\_\_\_

Time commitment (please indicate times available)

Day	AM 4-HOUR SHIFT	PM 4-HOUR SHIFT	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I will notify the Volunteer Department if I am unable to keep my volunteer assignment. I agree to abide by the policies and procedures of Beth Abraham Health Services. I will be punctual, courteous, dependable and keep in confidence all information I may hear or be told concerning a resident, doctor, employee or volunteer. I confirm to the best of my knowledge that all information in this application is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR VOLUNTEER OFFICE USE ONLY

Interview Date \_\_\_\_\_ ID Badge Given \_\_\_\_\_ Sign-in-Procedure \_\_\_\_\_

Reference checked \_\_\_\_\_ Medical form Completed \_\_\_\_\_

Placement \_\_\_\_\_ Date Resigned or Completed Service \_\_\_\_\_

DATE HIPPA/ INSERVICE COMPLETED \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Comments \_\_\_\_\_

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