

Personal Information

Last name:	First:	Middle:	Date of Birth
Street address:		Home phone:	Cell:
City:		State:	Zip:
Email address:			
Parent or Guardian name:		Home phone:	Cell:

Education Information

School:	Year of graduation:
Address:	Advisor's name and phone number:
Major:	Education goals:

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:30 am – 12:30 pm					
Afternoon 12:30 – 4:30 pm					

Emergency contact

Name:	Relationship:
Address:	
Home phone:	
Cell phone:	

Character References

Please include the name and address of two members of the faculty/staff, who would be willing to respond to a letter of reference.

Name:	Address:	
Phone:	Email:	Relationship:
Name:	Address:	
Phone:	Email:	Relationship:

Have you ever been convicted of a crime (other than a minor traffic violation) in a court of law? If yes, please explain details below.
(A conviction record will not necessarily prohibit you from volunteering.)

Confidentiality statement

It is the responsibility of Vassar Brothers Medical Center and all of its physicians, employees and volunteers to protect the confidentiality of the medical records and privacy of all patients. The patient has a legal right to privacy concerning his/her medical record. It is the obligation of Vassar Brothers Medical Center to uphold that right. For this reason, no member of the hospital to whom medical records or patient information is available may in any way violate this confidentiality. You are expected to hold all information about patients and their families in strict confidence and not discuss patient information with other volunteers or with other persons outside of the hospital. Persons found to be in violation of this policy will be subject to sanctions.

I have read the above statement and agree to abide by it.

Signature: _____ **Date:** _____

Photography / Videography Consent Form

I hereby permit and release to Vassar Brothers Medical Center and/or its affiliates the use of pictures taken for the purpose of recruitment and publicity of the VBMC Volunteer Program.

Signature: _____ **Date:** _____

Statement of application

The above statements are true, and all information and reference given on this application may be investigated without liability of Vassar Brothers Medical Center. If accepted to participate in the program, I agree to abide by the policies of the Volunteer Department of Vassar Brothers Medical Center. I understand that if any of the statements in this application are found to be untrue, or I fail to comply with all stated requirements, I may be subject to immediate dismissal from the Vassar Brothers Medical Center Volunteer Program.

Signature: _____ **Date:** _____

Uniform

The student volunteer uniform consists of a burgundy scrub top and black scrub pants. These uniforms must be worn, along with the volunteer name badge, while volunteering at VBMC. A plain white t-shirt may be worn under the scrub top.

Please circle the appropriate size (sizes are unisex and run large)

XX-Small X-Small Small Medium Large X-Large 2XL

Essay

Please submit a typed essay consisting of between 150-200 words describing how volunteering at Vassar Brothers Medical Center will personally impact you. In addition, explain why we should select you as a candidate to volunteer. Applicants will be assessed on originality, strength of ideas and grammar.