

Faxton St. Luke's Healthcare
Volunteer Services Department
1656 Champlin Avenue
Utica, NY 13502
Ph: 315-624-6142
www.faxtonstlukes.com



St. Elizabeth Medical Center
Volunteer Services Department
2209 Genssee Street
Utica, NY 13501
Ph: 315-801-8275
www.stemc.org

VOLUNTEER APPLICATION

Name _____ DOB (month/day) _____ / _____
Last First

Address _____
Street City State Zip

Cell Phone _____ Home Phone _____

Email Address _____ Social Security # (last 4 digits) _____

Emergency Contact: Name _____ Phone _____

Referred By _____ Reason for Volunteering: School Requirement
 Personal Choice

Current Occupation _____

Other Work/Volunteer Experience _____

References: Please list the names of two persons (not relatives) who have known you for several years

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Have you ever been convicted of a crime, other than a traffic violation? Yes No

If yes, please explain _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering and understand that any false statement may be cause for termination. I consent to any and all related examinations required by the healthcare system. I accept the invitation to volunteer on behalf of Mohawk Valley Health System and understand that there will be no financial payment for my services.

Signature _____ Date _____

Days/Times Available:

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

Location Preference:

Faxton St. Luke's Healthcare

St. Elizabeth Medical Center