



YORK GENERAL

Volunteer Service

402-363-6624

Thank you for your interest in volunteering at York General – we look forward to hearing from you soon.

Volunteer Application		Volunteer # _____	
All About You			
Printed Legal Last Name		Printed Legal First Name	Printed Middle Initial
Preferred Name		Any Other Names Used in the Past	
Cell Phone	Home Phone	Best Way to Contact you (phone, email)	
Current Mailing Address		Email Address	
City	State	Zip	
Birthdate (month/day/year)		Social Security Number	
Emergency Contact Person	Relationship	Phone Number	
Tell Us More			
Current or Previous Employer(s)			
Current Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	School	Expected Date of Graduation	
Current or Previous Volunteer Experience			
Hobbies, Skills, Special Interests			
Skills/Preferences for Volunteer Service			
<input type="checkbox"/> Helping Visitor/Families	<input type="checkbox"/> Errands/Delivery		
<input type="checkbox"/> Helping Patients	<input type="checkbox"/> Answering Phones		
<input type="checkbox"/> Mailings/Special Projects	<input type="checkbox"/> Music		
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other		
Other Information			
Have you ever been convicted of a misdemeanor or felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain			
Do you need verification of your York General hours for a requirement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain			
Your Ride			
License Plate Number:			
Year/Make/Model:			
Color:			

Volunteer Statement:

- I wish to donate my services to York General and understand there is no payment for services rendered as a volunteer at York General.
- I understand that confidentiality must be maintained concerning patient information.
- I agree to abide by the rules, regulations, and policies of York General, Volunteer Service and the department in which I serve.
- I understand that if I do not abide by the rules and policies of York General, Volunteer, and the department in which I serve, that corrective action may be taken, I may be terminated from the volunteer program, and it may result in legal action.
- I understand that York General may take photographs of me for publications or other uses.
- I understand that York General will be requesting information from various federal, state, local and other agencies concerning my past activities.
- I authorize the Volunteer department staff to investigate all statements made in these application forms and to contact any paid employer or volunteer agency listed.
- I authorize the Volunteer department staff to complete background checks prior to and at any time during my volunteer service at York General.
- I authorize the Volunteer department staff to verify any license or certification required for my volunteer service.
- I understand the Volunteer department staff will not provide me a copy of the information obtained from the background checks performed. The Volunteer department staff will provide me the names of reporting agencies should I wish to make an inquiry.
- I do hereby agree to forever release and discharge York General, its agents and employees, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting information.
- All information on this application is truthful.

Volunteer Signature: _____ Date: _____

If applicant under 19 years of age:

I give permission that _____, may volunteer at York General, accepting all rules, regulations, and policies listed in Volunteer Statement above.

Parent Signature: _____ Date: _____

COMPLETION OF THIS SECTION IS STRICTLY VOLUNTARY

GENDER:

- Male
- Female
- I prefer not to answer.

RACE AND ETHNICITY

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian (Not Hispanic/Latino) |
| <input type="checkbox"/> White (Non-Hispanic /Latino) | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic/Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic/ Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic/Latino) |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic/Latino) | <input type="checkbox"/> I prefer not to answer. |

How did you hear about us? _____
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OFFICE USE ONLY: (To be completed after Interview/Placement)

Summary of interview:

Interview Complete: _____ Application Accepted: (contingent on screenings) Yes _____ No _____

Orientation Complete: _____

Conducted by: _____ (Volunteer Coordinator) Date: _____