

**RIVER HOSPITAL, INC
4 FULLER STREET
ALEXANDRIA BAY, N.Y. 13607**

APPLICATION FOR VOLUNTEERS
(Retained for one year)

Please fill out this application accurately and completely. Your cooperation will help us process the application more effectively.

NOTE: The New York State Anti-discrimination Law and Federal Laws do not allow discrimination because of age, race, creed, color, national origin, sex, marital status, disability, or sexual orientation. We are an equal opportunity employer. All volunteers are subject to the application meeting the health standards of the Hospital/Home and physical requirements of the job in question.

I. PERSONAL:

Name: _____
Last First Middle Maiden

Address: _____
Street City County State Zip Code

Home Phone :(____) _____ Business Phone :(____) _____

May we call you at work? Yes ___ No ___

Social Security Number

Visa Number (if not U.S. Citizen)
(Are you eligible for employment?
In this country?) Yes ___ No ___

Have you filled out an application here before? Yes ___ No ___

Are you 18 years of age or over? Yes ___ No ___

If no, are you at least 17 years of age? Yes ___ No ___

If under 18, please enclose a copy of your working papers. Enclosed: Yes ___ No ___

II. PERSONAL REFERENCES:

Please list three persons NOT employers and NOT relatives, who have known you for several years:

1. Name: _____
Last First

Street State Zip code Phone number

2. Name: _____
Last First

Street State Zip code Phone number

3. Name: _____
Last First

Street State Zip code Phone number

III. PREVIOUS EXPERIENCE:

Please list life experiences that would be pertinent for volunteer services.

1. Contact person:

Name: _____
Last First

Street State Zip code Phone number

Experience: _____

2. Contact person:

Name: _____
Last First

Street State Zip code Phone number

Experience: _____

3. Contact person:

Name: _____
Last First
Street State Zip code Phone number

Experience: _____

IV. FOR APPLICANT USE:

List any other information that you consider helpful for placing you in the correct volunteer position you desire:

V. APPLICANT UNDERSTANDING:

The following statement is part of this application, read it carefully and sign below:

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from being a volunteer. I hereby authorize the River Hospital to make check of my physical condition and any reference check of my background and hereby waive any right to see the reference obtained. I understand no offer of being a volunteer or policy or procedure of the River Hospital shall constitute a contract of being a volunteer, and no representative of the River Hospital has the authority to make a contract of a volunteer.

Date

Signature

CONFIDENTIAL

River Hospital Affirmative Action Questionnaire

This is not a part of the application and is removed before screening. It is used for AAVEEO purposes only. No individual personnel selections are made based on the information. Please answer the following questions to the best of your ability. Your cooperation is appreciated.

ETHNIC CATEGORY

- 1) White (not Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.
- 2) Black (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.
- 3) Hispanic. All persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin regardless of race.
- 4) Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- 5) American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America are who maintain cultural identification through tribal affiliation or community recognition.
- 6) Other:

Position Applied for

Date

I learned about this job opening through:

- A friend or relative
- An employee
- Personnel Office
- Employment Announcement
- Job fair, organization, or group (which?): _____
- Advertisement (which paper or magazine?): _____
- Website (please specify site): _____
- Other Means (Please specify): _____

Gender: Male Female Age: Are you 40 years of age or older? Yes No