

APPLICATION FOR

AUXILIARY

VOLUNTEER / SERVICES

Volunteer Services Department  
 Nathan Littauer Hospital & Nursing Home  
 99 East State Street, Gloversville NY 12078  
 518.773.5505 [kcolby@nlh.org](mailto:kcolby@nlh.org) [www.nlh.org](http://www.nlh.org)

Orientation Date  
\_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

(Last)

(First)

(MI)

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Current Occupation or Previous Employment: \_\_\_\_\_

Current or Past Volunteer Experience: \_\_\_\_\_

Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

Reason for volunteering: Personal Choice \_\_\_\_\_ School Requirement (HOURS REQUIRED) \_\_\_\_\_

Other: \_\_\_\_\_

Service(s) Desired: \_\_\_\_\_

Facility: Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Date Available: \_\_\_\_\_

Day(s) Available (circle) M T W T H F S A S U TIME Available: \_\_\_\_\_

CONTACT IN EMERGENCY \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Were you ever employed by this hospital: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when: \_\_\_\_\_

List any Physical/Medical Disabilities: \_\_\_\_\_

Is there any reason why you would not be able to perform the requirements of the services we offer?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Are you currently impaired by alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime (excluding traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ / May we contact your present employer? Yes \_\_\_\_\_

No \_\_\_\_\_

Person to contact: \_\_\_\_\_ Present Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**PREVIOUS POSITION HELD**

May we request a reference from this former employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Duties: \_\_\_\_\_

Person to be contacted for reference: \_\_\_\_\_ Title: \_\_\_\_\_

Please list two (2) Personal / Business References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In a brief paragraph, please describe why you are interested in volunteering:

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Your Birth Month and Day: \_\_\_\_\_ / \_\_\_\_\_

I certify that my answers are complete and correct. I grant permission to investigate and verify any and all information provided. I understand I may be discharged or refused if any statement is false, misrepresented or omitted.

Applicant's Signature: \_\_\_\_\_

OFFICE USE ONLY - NLH & NH AUXILIARY

I am Submitting \_\_\_\_\_ Sponsoring \_\_\_\_\_ the above applicant for Auxiliary Membership.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Committee \_\_\_\_\_ Membership Chairman: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Additional Comments:

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VOLUNTEER: Date of Interview: \_\_\_\_\_

Kelly Colby

Orientation Date: \_\_\_\_\_ Initials: \_\_\_\_\_