

Mohawk Valley Health System  
Volunteer Services Department  
Wynn Hospital  
111 Hospital Drive  
Utica, NY 13502  
Ph: 315-917-9157  
[mvhealthsystem.org](http://mvhealthsystem.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 have freely and without any pressure or coercion offered – as a volunteer – my services to Mohawk Valley Health System (MVHS), and understand that there will be no financial compensation for these services. I also acknowledge that my volunteering has a charitable and humanitarian purpose, and that I am not otherwise employed with MVHS to perform the same type of services as I propose to volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Days/Times Available: \_\_\_\_\_

Location Preference: \_\_\_\_\_

- Wynn Hospital
- Faxton Campus
- Center for Rehabilitation and Continuing Care Services (Long-term Care Facility)
- Other: \_\_\_\_\_