LOURDES
Volunteer Services

LOURDES HOSPITAL
169 Riverside Drive
Binghamton, New York 13905
607-798-5490 • www.LOURDES.com

ADULT APPLICATION FOR VOLUNTEER SERVICES

NAME: _____
Last *First* *Middle Initial*

ADDRESS: _____
(Local) *Street* *City* *State* *Zip Code*

PHONE: (_____)_____ (_____)_____ DATE OF BIRTH: _____/_____/_____
Primary Work or Cell Month Day Year

E-Mail Address _____

OCCUPATION/STUDENT: _____
Note: If a student, please specify name of college or university & address & major

INTERESTS/SKILLS/EDUCATION: _____

_____

_____

VOLUNTEER EXPERIENCE: _____

_____

COMMUNITY/CLUB AFFILIATIONS: _____

_____

PHYSICAL LIMITATIONS IN REGARD TO VOLUNTEER ASSIGNMENTS: _____

_____

NAME OF SPOUSE: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY/ILLNESS WHILE ON DUTY:

_____ (_____)_____
Name Relationship Phone

*Please place a (✓) next to the choices below that you are interested in volunteering:

_____ Gift Shop _____ Cafe _____ Clerical _____ Escorting/Deliveries
_____ Unit Volunteer _____ Offsite Areas _____ Information Desk _____ Open to Suggestions

REFERENCES (Please do not use relatives and provide COMPLETE names and addresses or email and daytime phone #)

1. _____ (_____)_____
Name Daytime Phone #

_____
E-mail OR Street address City State Zip Code

2. _____ (_____)_____
Name Daytime Phone #

_____
E-mail OR Street address City State Zip Code

I understand that I am serving in a volunteer capacity without contemplation of pay for the services I am providing.

Do you or have you ever worked for Lourdes Hospital? _____

If yes, provide Departments and Dates worked _____

_____ _____/_____/_____
Signature of Applicant Date

NOTE: We will return any application to you that is incomplete or lacking information. (OVER)

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PLEASE TYPE OR PRINT

I: _____ _____ _____

LAST NAME FIRST NAME MIDDLE NAME

(PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for a volunteer position at, Our Lady Of Lourdes Memorial Hospital Inc. may use the services of an outside agency to research and verify the information I have provided on my application for a volunteer position including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to, Our Lady Of Lourdes Memorial Hospital Inc. Our Lady Of Lourdes Memorial Hospital Inc. will use Evolution Consulting, LLC. as an agent to perform its volunteer position related background investigations.

Evolution Consulting, LLC. may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to, Our Lady Of Lourdes Memorial Hospital Inc. and Evolution Consulting, LLC.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by, Our Lady Of Lourdes Memorial Hospital Inc. if a volunteer position is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to:

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release Our Lady Of Lourdes Memorial Hospital Inc., Evolution Consulting, LLC., its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports.

_____ _____/_____/_____

Signnature of Applicant Date

_____ _____

Print Applicant Name Volunteer Position Applied For

_____-_____-_____ _____/_____/_____ _____ _____

Social Security Number Date of Birth Driver's License # State

Other names you have used or are also known as: _____