

VOLUNTEER QUESTIONNAIRE

Welcome to Cobleskill Regional Hospital (CRH). We appreciate your interest in our organization. We encourage you to provide all information requested on this application. We are an equal employment opportunity employer. Volunteers are chosen on the basis of ability without regard to race, color, sex, age, religion, creed, national origin or ancestry, citizenship, sexual orientation, physical or mental disability, gender identity or expression (including transgender status), marital status, military or veteran status, genetic predisposition or carrier status, status as a domestic violence victim, familial status, or any other status protected by law. Any volunteer requiring an accommodation to participate in the application or interview process should notify Human Resources.

Area of Interest (greeter, pastoral care, etc.):	Date:
Hours and days available to volunteer:	

PERSONAL DATA

Last Name:	First Name:	Middle Initial:
Current Mailing Address:	City:	State: Zip:
Preferred Contact Phone Number:	E-mail Address:	
How did you hear about this opportunity?		
Have you had previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by CRH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and for what position:		
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VOLUNTEER HISTORY

Please provide your volunteer history, beginning with the most recent. Please document all volunteer experience, using additional sheets if necessary.

Organization Name:	Volunteer Role (ex. greeter):
Start Date: (Mo. Yr.):	Leaving Date: (Mo. Yr.):
Organization Name:	Volunteer Role (ex. greeter):
Start Date: (Mo. Yr.):	Leaving Date: (Mo. Yr.):
Organization Name:	Volunteer Role (ex. greeter):
Start Date: (Mo. Yr.):	Leaving Date: (Mo. Yr.):

EDUCATION

Please list highest level of education achieved.

School Name	Course of Study, Major and/or Concentration	Degree/ Certification Awarded

PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATIONS

Please list licenses, registrations and/or certifications received that may apply to your volunteer area of interest.

License, Registration, Certification	Number (if applicable)	Issuing State (if applicable)	Issue Date	Expiration Date	Active/Expired
					<input type="checkbox"/> Active / <input type="checkbox"/> Expired
					<input type="checkbox"/> Active / <input type="checkbox"/> Expired
					<input type="checkbox"/> Active / <input type="checkbox"/> Expired

Have any of your licenses, registrations, or certifications ever been restricted, revoked, or suspended, or is any disciplinary action currently pending against your license, registration, or certification? Yes No

If yes, please explain:

Have you ever been convicted of a crime (misdemeanor or felony)? Yes No

If yes, please attach a full description, including the date(s) and nature of the conviction(s). Please note: A prior conviction may or may not preclude volunteering at CRH. CRH will evaluate the nature of criminal offense, its relationship to the position sought, and other lawful factors. Failure to disclose a prior conviction is considered falsification of this questionnaire and will result in denial of volunteer opportunity.

Are you currently listed on the Office of Inspector General (O.I.G.) or General Services Administration ("GSA") exclusion list from Federal Health Care Programs? Yes No

AFFIRMATION, AUTHORIZATION, AND RELEASE

I hereby certify that the information provided above in my Volunteer Questionnaire is true and complete to the best of my knowledge. I understand that any false statement, misrepresentation, or omission of facts on my questionnaire may result in rejection of my application or, if selected, immediate termination of volunteering without notice.

I understand that volunteering at Cobleskill Regional Hospital is subject to providing a valid record of applicable immunizations and passing a physical examination, as required by the Public Health Law, satisfactory references and appropriate credentialing, if applicable. I also understand that volunteering Cobleskill Regional Hospital is subject to a criminal background check and drug screen.

I understand that as part of the volunteering process, Cobleskill Regional Hospital will verify my education, volunteer history, and other items on this questionnaire. I authorize the organizations and educational institutions named above to provide Cobleskill Regional Hospital with information and opinions concerning my educational background, previous experience, and volunteer-related qualifications, behavior, and character. I understand that Cobleskill Regional Hospital will use the information and opinions disclosed by these organizations and individuals to evaluate my suitability for volunteering, and that information and opinions provided may include both favorable and unfavorable material. I hereby release each of my current and former educators and their respective agents and employees, from any and all claims and liabilities related to the information and opinions they provide to Cobleskill Regional Hospital, and I hereby release Cobleskill Regional Hospital, its employees and agents, from all claims and liabilities related to its use of the information and opinions provided.

I understand that, if I volunteer at Cobleskill Regional Hospital, either I or the Hospital may terminate my volunteering experience at any time and for any reason.

Signature:	Date:
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