

Availability:

Please check a box below:

- I am looking for a once-a-week, consistent volunteer opportunity (same day each week)
- I am looking to volunteer multiple times per week

Please indicate the days/times you would be available and willing to volunteer by noting times in the boxes below certain days. Please list time blocks of at least three hours. Alternately, you can indicate times you would not be available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available times							
NOT Available times							

- I am willing to come in during the evenings (beginning at 1700 [5p] or later)

Are there any special scheduling needs we should be aware of (i.e. you travel during the winter/summer, you play a sport during the autumn, you have a part-time job in the afternoons, etc.)? _____

References:

Two personal references are required from individuals who know you well. Please list the references below and give one of the attached forms to each of those two people with instructions to complete and return to the address listed. *Please do not use family members as references.*

	<u>Name</u>	<u>How Known</u>	<u>Telephone</u>	<u>Yrs. Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Demographics:

- Have any of your relatives been employed by AOMC? Yes No
- Do you have any friends/relatives volunteering at AOMC? Yes No

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that my responses may be verified by Arnot Ogden Medical Center and that misrepresentation, falsification, or omission of information may disqualify me from volunteer service.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature for Volunteers Less than 18 Years of Age

As a parent/guardian, I have read and understood the requirements and commitment the above person to volunteer at Arnot Ogden Medical Center and hereby grant full permission for his/her participation in the program

Signature of Parent/Guardian : _____

Printed Name: _____ Date: _____

Volunteer Services COVID-19 Volunteer Agreement
May 2021

Volunteers must wear their badge at all times while in the building. Badges must be worn visibly above the waist. Volunteers without badges will be turned away at the entrance.

Initial: _____

All volunteers will be screened when entering the building in the same manner as employees. Screening procedures may be in place at the time.

Initial: _____

Volunteers must follow mask wearing procedures while in the building. Face masks must be worn properly, covering the nose and mouth, wherever the volunteer is serving. Arnot will supply a volunteer with a face mask, if requested. Face masks must be able to cover the nose and mouth.

Initial: _____

Volunteers understand that this is a fluid situation and may result in sudden and unannounced changes, including suspension of the volunteer program. Volunteers understand that prevalence of a virus, hazardous situations, or governmental or organizational orders may result in volunteers being asked to leave in the middle of a shift, or being turned away at the door.

Initial: _____

I agree to volunteer at a healthcare facility in the time of a declared pandemic involving the virus known as COVID-19, and in so doing, know and accept that there are known and unknown risks caused by the virus that may lead to infection, respiratory failure, clotting, bleeding, severe illness, permanent injury, and death, and I willingly accept those known and unknown risks. I also understand because of the current state of knowledge about the COVID-19 virus I may be exposed and contaminated by the virus by contact with other people who are without any symptoms of the illness, and who also have recently tested negative for the virus. Volunteers agree to take all necessary precautions, including hand washing, the wearing of PPE, the use of hand sanitizer, and following directions and instructions given by the hospital. In addition, they agree to hold harmless Arnot Health, Arnot Ogden Medical Center, and its employees for any illnesses they may contract during their service as a volunteer.

Initial: _____

Signature of Volunteer

Printed Name

Date

Signature of Parent/Guardian
(if volunteer is less than 18 years of age)

Printed Name

Date

Return packet to:

Rob Toonkel, Volunteer Srvcs, Arnot Ogden Medical Ctr, 600 Roe Avenue, Elmira, NY 14905
or call 607-737-4267

Arnot Ogden Medical Center Volunteer Reference Form

(Form 002, January 2021)

APPLICANT: Please write the name of your reference then send/give this form to that individual. Remember to fill in your name and sign to authorize your reference to share the information requested.

The applicant (name of applicant) _____ has given your name as a reference in his/her volunteer application with Arnot Ogden Medical Center. Kindly respond to the questions herein and feel free to make any comments you feel will be relevant. All information you provide will be kept in strict confidence Please return this reference to the address below.

I authorize the release of information about my character, work performance, and attendance, as applicable.

Applicant's Signature: _____ Date: _____

* * * * *

REFERENCE: Kindly complete this form and return it to the address below.

Your name: _____

Street Address, City, State, ZIP: _____

Phone number: _____

How long have you known the applicant? _____ years and/or _____ months

In what capacity have you known him/her? _____

On a scale of 1-10, with '10' being perfect, how would you rate this applicant in the following categories?

Attendance and dependability:	_____	Ability to follow directions:	_____
Motivation and passion:	_____	Completion of assigned tasks:	_____
Ability to get along with others:	_____	Quality and accuracy of work:	_____
Communication skills:	_____	Compassion for others:	_____

If you have given all scores of '10' above, please provide **two** skills/attributes where you would **not** rank this applicant a '10' and the score you would assign him/her in that category.

Skill/quality/attribute: _____ Score (1-10 scale): _____

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Do you have any additional comments that would be helpful to our consideration of this applicant?

Check here if you will allow us to follow up with you regarding this applicant via phone.

Signature of Reference

Printed Name

Date

Please return this completed reference form directly to: Volunteer Services Office, Arnot Ogden Medical Center, 600 Roe Avenue, Elmira, NY 14905. Alternately, you can return it in a sealed envelope to the applicant or fax to 607-735-5722. If you would prefer an electronic copy of this form or have questions, call Theresa Swain at 607-737-4105 or Rob Toonkel at 607-737-4267 or e-mail tswain@arnohealth.org or rtoonkel@arnohealth.org.

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