



VOLUNTEER APPLICATION

Visiting Nurse Service of Rochester & Monroe County, Inc.
2180 Empire Blvd., Webster, NY 14580
(585) 787-8326 FAX # (585) 787-9726
For Long Distance Calls Only 1-800-724-5727

1. Name: _____ Date: _____
(last) (first) (m.i.)
2. Address: _____
(street) (city/town) (Zip)
3. Phone (Home) _____ (Work) _____ OK to call work? Yes No
 Cell # (optional) _____ E-mail (optional) _____
4. Birth Date: _____ (year optional) Male Female
5. Employed by: _____ Occupation: _____
6. Retired from: _____ Former Occupation: _____
7. Educational Background: _____
8. Previous volunteer experience: _____
9. Leisure time activities and interests/special skills _____
10. Foreign languages: Speak _____ Read _____ Write _____
11. Area of Interest: (Please check) Meals On Wheels Clerical Service
12. How did you hear about VNS Volunteer Services? _____
13. Are there any reasons why you may have difficulty in performing any of the essential functions of the volunteer job for which you have applied? Yes No
 If yes, please explain _____
14. Driver's License # _____
15. Make of Vehicle _____ License # _____
16. Have you been convicted of any moving violations within the last 12 months? Yes No
17. Are you presently carrying at least the minimum legally required auto insurance coverage?
 Yes No
18. Have you ever been convicted of a felony? Yes No

(Continued on the reverse side)

Please provide us with two references you have known at least one year (not relatives) who we may contact to comment on your ability to volunteer. Please include daytime phone numbers if possible.

1. Name: _____ Phone Daytime: _____ Phone Evening: _____

Address: _____
(street) (city) (zip) (relationship)

2. Name: _____ Phone Daytime: _____ Phone Evening: _____

Address: _____
(street) (city) (zip) (relationship)

EMERGENCY CONTACT

In case of emergency, please contact:

Name: _____ Relationship: _____

Home Phone# _____ Work Phone# _____

STATEMENT OF CONFIDENTIALITY

I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention in the line of duty at Visiting Nurse Service of Rochester and Monroe County, including material from and about clients/patients and matters regarding colleagues. I will respect the privacy of the people who I serve and confer appropriately with those designated as my supervisors and/or administrators. Further, I will use in a responsible manner information gained in the course of my service at the Agency.

I certify that the information provided in this application is true and accurate and I authorize VNS to verify my references.

(signature)

(date)