

Arnot Ogden Medical Center  
Volunteer Services  
600 Roe Avenue  
Elmira, NY 14905

Dear Prospective Volunteer:

Thank you for your interest in the volunteer program at Arnot Ogden Medical Center. We appreciate your interest in fulfilling our mission to partner with each person to maximize his or her physical, emotional, social, and spiritual health. Over the last six decades, more than 10,000 volunteers have contributed in excess of 3.3 million hours of service.

At AOMC, volunteers make a difference in more than 40 different roles, ranging from clinical areas to office settings to community and fundraising events. Whether you prefer to direct guests upon their entrance to the facility, serve our customers in the gift shop, or provide support for our patients and our staff, we have a role that fits your desires if you are willing to make a commitment to us.

If you are sure that your current schedule can accommodate volunteering, this packet will get you started on the road to joining our team. After reviewing the application process on the next page, you should complete the attached application and return it to the Volunteer Services Office, Arnot Ogden Medical Center, 600 Roe Avenue, Elmira, NY 14905. You may also return it in person (between 8a-6p, M-F), via fax (607-735-5722), or scan it and e-mail it to: [rtoonkel@aomc.org](mailto:rtoonkel@aomc.org). If you fax or e-mail the application, please keep the original so that you can turn it in when we meet in person.

Separate the two reference forms in the back and give each one to a community member with whom you have worked closely with, but who is not related to you (neighbor, colleague, supervisor, teacher, coach, etc.). We can also supply this electronically if it is easier to e-mail to your references. Once your application and two completed reference forms have been received by our office, you will be called for a personal interview. At that time, we will review your interests and discuss the necessary medical screenings/tests that are required.

Before starting their assignments, all volunteers will attend a volunteer orientation, where important information about safety, patient safety, confidentiality, and infection control will be taught. Please note that the process from application to starting as a volunteer may take several weeks.

If you have any questions, please feel free to call us at 607-737-4267 or e-mail us at [rtoonkel@aomc.org](mailto:rtoonkel@aomc.org) or [tswain@aomc.org](mailto:tswain@aomc.org). We look forward to having you join our team!

Sincerely,

Theresa Swain  
Coordinator, Volunteer Services

Rob Toonkel  
Manager, Volunteer Services

# Arnot Ogden Medical Center Volunteer Application

\_\_\_\_\_  
 First Name                                      Middle Name                                      Last Name

Name you prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy\*) Preferred Contact:  Home  Cell  E-mail

E-mail: \_\_\_\_\_

Frequency of checking e-mail:  Daily or more  2-3x/week  1x/week  Less than 1x/week

<b>Education:</b>	<b>Yrs. Completed</b>	<b>Name, City, State</b>	<b>Currently Attending?</b>
High School:	1 2 3 Grad	_____	Yes/No
College:	1 2 3 Grad	_____	Yes/No
Post-College:	1 2 3 Grad	_____	Yes/No

**Experience:**

\_\_\_\_\_  
 Current occupation, if employed                                      Employer

List any prior volunteer experience:

Organization: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

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<b>Skills:</b>	<u>None</u>	<u>A little</u>	<u>Moderate</u>	<u>Good</u>	<u>Excellent</u>
Proficiency in English:	_____	_____	_____	_____	_____
Proficiency with computers:	_____	_____	_____	_____	_____

How much walking would you like to do in your role? None Rarely Often Always

How much interaction with patients/guests would you prefer? \_\_\_\_\_

Are you proficient in a language other than English? If so, which language? \_\_\_\_\_

\* - year optional

**Questions (use additional pages if necessary):**

- 1. Are you presently charged with any violation of the law? (if yes, please explain)    \_\_\_ Yes    \_\_\_ No
- 2. Have you ever been convicted of a felony? (if yes, please explain)    \_\_\_ Yes    \_\_\_ No
- 3. Do you have any limitations that could interfere with your performance as a volunteer?    \_\_\_ Yes    \_\_\_ No

4. Do you have a specific volunteer role in mind? \_\_\_\_\_

5. What has led to your interest in volunteering at AOMC? \_\_\_\_\_  
\_\_\_\_\_

6. How long of a commitment are you prepared to make? \_\_\_\_\_  
\_\_\_\_\_

7. Over the next three months, how many volunteer shifts do you anticipate missing because of illness, travel, or other commitments? \_\_\_\_\_

8. What experiences have you had that have prepared you to serve at AOMC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How do you believe you can contribute as a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What personal goals do you hope to achieve by volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. One thing I hope I never get asked to do as a volunteer is: \_\_\_\_\_  
\_\_\_\_\_

12. List some of your spare time activities or hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please add any comments you think may be helpful in the consideration of your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**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
- I am looking to serve as a substitute because my availability varies week-to-week
- I am looking for specialized opportunities, such as special needs, events, and fundraisers

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 interested in serving on Saturdays
- I am interested in serving on Sundays
- I am willing to come in to come in during the early mornings (beginning at 0600)
- I am willing to come in 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 you ever been employed by Arnot Ogden Medical Center?  Yes  No
- Have any of your relatives been employed by AOMC?  Yes  No
- Do you have any friends/relatives volunteering at AOMC?  Yes  No
- May we publish your address/phone/e-mail in our auxiliary directory?  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 qualify me from volunteer service.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Arnot Ogden Medical Center Reference Form

**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): \_\_\_\_\_

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

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. 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@aomc.org or rtoonkel@aomc.org.

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