



**Upstate Family
Health Center, Inc.**

1001 Noyes Street, Utica NY 13502

Phone: 315-624-9470 Fax: 315-624-9481

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell phone:** _____

E-mail: _____

Are you employed? Where? _____

Why do you want to volunteer with UFHC?

How did you hear about UFHC?

What kind of volunteer service would you like to do?

Please summarize any specific skills or qualifications you may have acquired from employment previous volunteer service or through activities, including hobbies.

Please list any previous volunteer experiences and your job responsibilities.

What days / times are you available to volunteer?

Please list two references, at least one of them professional, if possible.

Name: _____

Phone: _____ Cell phone: _____

What is this person's personal and/or professional relationship to you? _____

Name: _____

Phone: _____ Cell phone: _____

What is this person's personal and/or professional relationship to you? _____

Please provide the following information for the person you would like us to contact in case of an emergency.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Do you have any physical limitations we should be aware of? If yes, please describe:

As a volunteer I agree to abide by UFHC policies and procedures. I understand that I will be volunteering at my own risk and that UFHC, its employees and affiliates cannot assume any responsibility for any liability or any accident, injury, health problem with may arise from any volunteer work I perform. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward for my volunteer services.

I acknowledge that I have been provided with, have read and agree to abide by the terms of the UPSTATE FAMILY HEALTH CENTER Confidentiality Agreement.

Name (Printed): _____

Signature: _____ Date: _____

Please mail, email or drop your completed application to:

**Upstate Family Health Center
Attn: Volunteer Recruitment
1001 Noyes Street
Utica, NY 13502**

Email: info@UFHCinc.org