

Visiting Nurse Service of Ithaca & Tompkins County, Inc.
138 Cecil A. Malone Drive, Ithaca, NY 14850

Application for Volunteer Service

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print

Position(s) applied for:	Date of Application:
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How did you learn about us? Check One

Advertisement Friend Relative Walk In Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number (s)			Social Security Number		

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed or volunteered with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work : Full time Part time

On what days would you be available for work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours do you prefer to work?

8am to 12:30pm 12:30pm to 5pm Other _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the last seven years? Yes No

Conviction will not necessarily disqualify an applicant from volunteer service

If Yes, please explain _____

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Education

	Name & Address Of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, licensure and extra-curricular activities.

Describe any job related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
2	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
3	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				
4	Employer:	Dates Employed:		WORK PERFORMED
		From	To	
	Address:			
	Telephone Number(s):			
	Job Title:	Hourly Rate/Salary:		
		Starting	Final	
Supervisor:				
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

_____ Fax _____ PC _____ MS Excel _____ Lotus 1-2-3 _____ MS Word
_____ Word Perfect _____ Calculator _____ Copier _____ Typewriter _____ MS Access
_____ Other (list) _____

State any additional information you feel may be helpful to us in considering your application

References

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____