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## Volunteer Application Form

*\*Please return completed applications to the Rochester Academy of Medicine  
1441 East Avenue, Rochester, NY 14610  
Email: Susan.Layton@raom.org*

If you have any questions you may reach Sue at (585)-271-1307.

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O. Box*

\_\_\_\_\_ *City/Town* \_\_\_\_\_ *Postal Code*

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**In case of an Emergency, Contact:**  
**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Why do you want to volunteer with us?** \_\_\_\_\_  
\_\_\_\_\_

**Position Applying For:** *(Check the applicable circle)*

- One time volunteer (Less than 12 hrs)
- Long term volunteer
- Unsure

**What days/times are you available to volunteer? (Circle all that apply)**

**Sun. Mon. Tues. Wed. Thurs. Fri. Sat.**

**Mornings Afternoons Evenings**

**List Any Previous or Current Volunteer Experience:**

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____

**Work Experience:**

1) Previous/Last employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Description of position: \_\_\_\_\_

\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

**Please list two (2) references (not related to you):**

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

Notes: