

FOR OFFICE USE ONLY

Date App Rcd _____
Date Ref #1 _____
Date Ref #2 _____
Interview Date _____
Medical Clrnce _____
Hosp Orient. _____
Child Life Orient. _____



*Where children with cancer
find a new beginning every day...*

***Please bring a
current photo to
your interview
to be used for
identification
purposes.***

Sunrise On Wheels Volunteer Application

Date of Application

Name

Social Security Number _____ - _____ - _____

Permanent Address

City

State

Zip

Home Phone

Cell Phone

Email address

Date of Birth

Occupation

Employer / School

Employer / School Address

City

State

Zip

Work Phone

Fax if available

Alternate Email

Hospital(s) in which you would like to volunteer:

Days and Times Available to Volunteer: (Please circle)

Monday Morning

Monday Afternoon

Tuesday Morning

Tuesday Afternoon

Wednesday Morning

Wednesday Afternoon

Thursday Morning

Thursday Afternoon

Friday Morning

Friday Afternoon

Saturday Morning

Saturday Afternoon

Sunday Morning

Sunday Afternoon

Evenings (please specify availability):

How did you hear about Sunrise On Wheels?

Hospital/Teaching/Community Center Work/Volunteer Experience

1. Year (s)

Agency Name

Address/Phone

Name of Supervisor

Your role

2. Year (s)

Agency Name

Address/Phone

Name of Supervisor

Your role

(Please add additional sheets if necessary)

Please answer the following questions to the best of your ability:

1. Do you have child care experience (i.e. babysitting/nanny)? Yes No If yes, what kind? Please include age of children and name and telephone number of parent where relevant.
2. Why do you want to volunteer in a hospital environment? Specify what personal characteristics and skills you feel you would bring to this position.
3. Describe your experience in working/volunteering with children, including, but not limited to any who have or have had cancer/chronic illness/special needs:
4. What contributions do you think you can make to Sunrise On Wheels to fulfill the special needs of children with cancer in the hospital environment?

Personal Information

1: Do you have physical limitations? If yes, please specify

2. Are you currently taking medication? If yes, please specify

3. Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? Y N
If so, please explain.

Circle Shirt Preference Size: S M L XL XXL

References:

Please list 2 references (other than relatives) that we may contact who have knowledge of your character, experience and ability. *References (other than relatives; minimum of three, at least two work references where possible)*

References – Personal

1	Name	Phone
	Address/City	
	Relationship	Length of time known
2	Name	Phone
	Address/City	
	Relationship	Length of time known

References – Current or Past Employers

1.	Name	Phone
	Address/City	
	Relationship	Length of time known
2.	Name	Phone
	Address/City	
	Relationship	Length of time known

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize Sunrise Day Camp to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed _____ Date _____
(Signature of Applicant)

PLEASE RETURN APPLICATION TO:

**Bonnie Flatow
Sunrise On Wheels
Friedberg Jewish Community Center
15 Neil Court, Oceanside, NY 11572
Phone: 516-766-4341 Fax: 516-766-0513**

