



**Volunteer Request Form**

Please complete and return to Rhonda Butler, Volunteer Office, 1401 UH

Department or Program: \_\_\_\_\_ Location: \_\_\_\_\_

Name and position of mentor who will be responsible for the volunteer(s): \_\_\_\_\_

Extension: X-\_\_\_\_\_ How many volunteers per week would you like? \_\_\_\_\_

Please describe your program/department in terms a volunteer will understand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the duties the volunteer would do, as specifically as possible:

(Example: Data entry and other computer tasks, visiting with patients, cleaning waiting room and refreshing magazine supplies, researching online materials, running errands within the building of placement, and creating flyers and other marketing materials.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are there any skills or abilities desired or required (such as computers, communications skills, following directions)?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the days and times you prefer. We will not assign a volunteer to any timeslot not indicated. Volunteers are here weekdays between 8 a.m. – 4:30 p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return To:**

Upstate University Hospital  
PATIENTfirst! Guest & Volunteer Services  
Volunteer Initiatives, 1401 / UH  
750 E. Adams Street • Syracuse, New York 13210

(315) 464-5180 Phone • (315) 464-2272 Fax

[www.upstate.edu/volunteers/](http://www.upstate.edu/volunteers/)