

UPSTATE

UNIVERSITY HOSPITAL

Upstate Volunteer Request Form

Department or Program: _____ Location: _____

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

Phone number: _____ 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:

Office of Volunteer Programs
Cancer Center C1083

(P) 315- 464-5180 (F)315-464-2272 Email: VOLUNTEER@upstate.edu