

185 Old Broadway
Hastings on Hudson, NY 10706
(914) 478-3700
Fax (914) 478-3541
www.andrusonhudson.org

Volunteer Application

Name: _____

Address: _____

Phone: (Cell) _____ Home: _____

E-mail: _____

What time are you interested in volunteering?
(Days of the week / Time of day) _____

How many hours per week would you like to volunteer? _____

How did you hear about Andrus on Hudson? _____

Interests, Hobbies, Special Training: _____

In Emergency Notify:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Education: High School: _____

College: _____

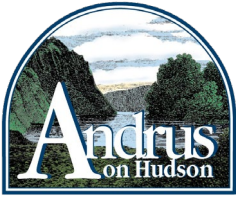
Applicant's signature _____

Date: _____

New York State law requires that:

- 1) Volunteers born after 1/1/57 must provide Certificate of Measles, Mumps, & Rubella vaccination
- 2) All Volunteers are also required to submit proof of negative TB titer (PPD) annually.
- 4) Must be fully vaccinated for COVID-19 and show vaccination card.
- 3) Andrus on Hudson requests that Volunteers show proof of an influenza vaccination during the current flu season.

Thank you for your interest in becoming a volunteer!



Volunteer Reference Letter

_____ is applying to volunteer at Andrus on Hudson, a facility which fosters care for seniors. He/she has listed you as a reference. Please take a few moments to complete the following questions. Please return completed reference form to Andrus on Hudson, Community Life Department at 185 Old Broadway, Hastings on Hudson, NY 10706.

1. How long have you known the applicant ? _____
2. What is your relationship to the applicant ? _____
3. Do you consider the applicant someone who is responsible and reliable? _____
4. A health care agency such as Andrus on Hudson, requires individuals who are compassionate and empathetic towards the seniors, yet efficient, trustworthy and effective in following the facility policies and guidelines. Does the applicant fit this description? _____
5. Would you recommend the applicant for a position in the Volunteer Department?

Please explain why? _____

Name & phone number of the person completing form

Date: _____

Thank you,

Melissa Estevez
Director of Administrative Support Services
mestevez@andrusonhudson.org
(914) 478-3700 ext. 3003