



**JOHN A. COLEMAN SCHOOL  
VOLUNTEER APPLICATION**

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_

Office Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency: Name: \_\_\_\_\_

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

School: (for high school or college students) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Interests or special skills you would like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any language (other than English) that you speak fluently: \_\_\_\_\_

Previous Experience (Volunteer Work): \_\_\_\_\_  
\_\_\_\_\_

Time Available: \_\_\_\_\_ Weekday: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

One (1) business/school reference:

Name & Title of Reference: \_\_\_\_\_

Name of Company/School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Two (2) personal references you have known for at least two (2) years. Please do not list relatives:

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

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Note: Please send attached reference forms with letter to your references and ask them to forward the references directly to:

*Mary Magdalene Roberts  
Volunteer Services Coordinator  
John A. Coleman School  
590 Avenue of the Americas  
New York, NY 10011*

Assignments: Assignments are made on a trial basis subject to a three-month evaluation.

Medical: You will be required to complete a medical exam, have a Titers Test (shows immunity to childhood diseases) and a TB test.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **BUSINESS REFERENCE**

\_\_\_\_\_ has applied to be a volunteer at John A. Coleman School and has given your name as a business reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

*Mary Magdalene Roberts  
Volunteer Services Coordinator  
John A. Coleman School  
590 Avenue of the Americas  
New York, NY 10011*

Thank you for your prompt response.

**BUSINESS REFERENCE**

Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment \_\_\_\_\_

Emotional stability and maturity \_\_\_\_\_

Responsibility and integrity \_\_\_\_\_

Warmth and concern for others \_\_\_\_\_

Maintains good relationships with others \_\_\_\_\_

Please share with us any special insights or comments that you would like to make regarding the applicant:

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PERSONAL REFERENCE**

\_\_\_\_\_ has applied to be a volunteer at John A. Coleman School and has given your name as a personal reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

*Mary Magdalene Roberts  
Volunteer Services Coordinator  
John A. Coleman School  
590 Avenue of the Americas  
New York, NY 10011*

Thank you for your prompt response.

## PERSONAL REFERENCE

Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment \_\_\_\_\_

Emotional stability and maturity \_\_\_\_\_

Responsibility and integrity \_\_\_\_\_

Warmth and concern for others \_\_\_\_\_

Maintains good relationships with others \_\_\_\_\_

Please share with us any special insights or comments that you would like to make regarding the applicant:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **PERSONAL REFERENCE**

\_\_\_\_\_ has applied to be a volunteer at John A. Coleman School and has given your name as a personal reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

*Mary Magdalene Roberts  
Volunteer Services Coordinator  
John A. Coleman School  
590 Avenue of the Americas  
New York, NY 10011*

Thank you for your prompt response.

## PERSONAL REFERENCE

Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment \_\_\_\_\_

Emotional stability and maturity \_\_\_\_\_

Responsibility and integrity \_\_\_\_\_

Warmth and concern for others \_\_\_\_\_

Maintains good relationships with others \_\_\_\_\_

Please share with us any special insights or comments that you would like to make regarding the applicant:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please answer the following questions:

**Have you ever been known by a different name by any of the references, school or employers listed on this application? [ ] YES [ ] NO**

**If yes, please indicate name:** \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime? (Note: A conviction is not an automatic bar to employment) [ ] YES [ ] NO**

**Are any criminal charges currently pending against you? [ ] YES [ ] NO If YES, explain fully**

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

**Have you ever been convicted of child abuse?[ ] YES [ ] NO**

**Are any charges of abuse, neglect or maltreatment of a child currently pending against you? [ ] YES [ ] NO If Yes, explain fully;**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JOHN A. COLEMAN SCHOOL  
VOLUNTEER MEDICAL HISTORY

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Hire \_\_\_\_\_ Department \_\_\_\_\_

**PAST HISTORY** (check the box)

Asthma	Depression	Hepatitis	Thyroid Disease
Arthritis	Eczema	High Blood Pressure	Tuberculosis
Bronchitis	Epilepsy / Seizures	Immune Disease	Ulcers
Cancer	Fainting/Dizziness	Kidney Disease	Varicose Veins
Chronic Cough	Heart Disease	Pneumonia	Other:
Colitis	Headaches	Rheumatic Fever	
Diabetes	Hemorrhoids	Shortness of Breath	

**HOSPITALIZATIONS / SURGERY** (date, diagnosis)

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

**MEDICATIONS** (drug, dose and frequency)

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

**ALLERGIES** (list)

Medications / Food / Other: \_\_\_\_\_

**HABITS** Tobacco \_\_\_\_\_ (\_\_\_\_packs / day x \_\_\_\_yrs) Alcohol \_\_\_\_\_ (\_\_\_\_drinks / day /wk / month)

**FAMILY HISTORY** \_\_\_\_\_

**SYSTEM REVIEW** (check the box)

**Neuro:** Headache \_\_\_\_\_ Dizziness \_\_\_\_\_ Seizures \_\_\_\_\_ Visual Problems \_\_\_\_\_

**Chest:** Pain \_\_\_\_\_ Palpitations \_\_\_\_\_ SOB \_\_\_\_\_ Cough \_\_\_\_\_ Blood in Sputum \_\_\_\_\_

**GI:** Stomach Pain \_\_\_\_\_ Rectal Pain \_\_\_\_\_ Blood \_\_\_\_\_ Constipation \_\_\_\_\_ Diarrhea \_\_\_\_\_

**GU:** Pain on Urination \_\_\_\_\_ Frequency of Urination \_\_\_\_\_ Blood in Urine \_\_\_\_\_

**Musculoskeletal:** Joint Pain \_\_\_\_\_ Back Problems \_\_\_\_\_ Deformities \_\_\_\_\_

**Menstruation:** Regular \_\_\_\_\_ Irregular \_\_\_\_\_ Menopause \_\_\_\_\_ LMP \_\_\_\_\_

Last PAP Test \_\_\_\_\_ Mammogram \_\_\_\_\_ Breast Self Exam \_\_\_\_\_

**Comments:**

**I hereby certify that all statements and answers provided by me on this examination form are complete and true to the best of my knowledge. I understand and agree that my appointment to the Pediatric Center is conditional upon full disclosure of all medical information and the failure to do so shall constitute grounds for immediate termination as a volunteer**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Physical Examination**

VITAL SIGNS: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

GENERAL APPEARANCE: \_\_\_\_\_

SKIN: \_\_\_\_\_

HEENT: \_\_\_\_\_

NECK: \_\_\_\_\_

SPINE: \_\_\_\_\_

LUNGS: \_\_\_\_\_

HEART: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

EXTREMITIES: \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

**IMMUNIZATION DATES:** Last Tetanus Booster \_\_\_\_\_ Hep B Vac (1 2 3 dose(s) \_\_\_\_\_ MMR \_\_\_\_\_

**TITERS:** VARICELLA \_\_\_\_\_ RUBELLA \_\_\_\_\_ RUBEOLA \_\_\_\_\_ MUMPS \_\_\_\_\_ HEP B \_\_\_\_\_

**TETANUS ADMINISTERED:** \_\_\_\_\_ SITE: \_\_\_\_\_ LOT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**PPD #1** DATE PLANTED: \_\_\_\_\_ SITE: \_\_\_\_\_ LOT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DATE READ: \_\_\_\_\_ mm \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_

**PPD #2** DATE PLANTED: \_\_\_\_\_ SITE: \_\_\_\_\_ LOT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DATE READ: \_\_\_\_\_ mm \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_

**CHEST X-RAY:** DATE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSITIVE \_\_\_\_\_

**ADDITIONAL REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

*Signature of Examiner*

*Date*

Reviewed & Complete (Initials) \_\_\_\_\_

\*\*\*\*HIGHLY IMPORTANT\*\*\*\*

State Central Register Form Link:

<http://www.ocfs.state.ny.us/main/Forms/cps/LDSS-3370%20Statewide%20Central%20Register%20Database%20Check.doc>

Please click on link, print form, fill out and return with completed application to:

*Mary Magdalene Roberts  
Volunteer Services Coordinator  
John A. Coleman School  
590 Avenue of the Americas  
New York, NY 10011*