

**WYOMING COUNTY COMMUNITY HEALTH SYSTEM AUXILIARY
400 NORTH MAIN STREET
WARSAW, NY 14569**

Thank you for applying to become a member of the Wyoming County Community Health System Auxiliary.

Please complete the attached application and provide a **copy of your driver's license**.

The process is as follows:

-----Fill out the application and forward to Susan Winiacki, Volunteer Liaison.

-----Your application will go to Human Resources, where a background check is completed by the Wyoming County Sheriff's Department.

-----Once cleared by Sheriff's Department, Workplace Health will call you to make an appointment. The following will be requested of you:

1. A list of your vaccinations, if you are unable to provide them, you will be asked to go to the lab and have titers.
2. You will be asked to take a one-time TB (tuberculosis) test.

-----When cleared by Workplace Health, I will contact you. We will need to complete a brief orientation, then you will be able to get started.

*If you wish to volunteer at the Nursing Home, you will be required to complete fingerprinting. This is required by everyone who works or volunteers in the Nursing Home. There will be no cost to you for fingerprinting.

On behalf of the volunteers, we look forward to you joining the Auxiliary, which so richly benefits the patients and residents of the Wyoming County Health System.

If you have any questions, please contact me at (585)786-8940, extension 4091 or via e-mail, swiniacki@wcchs.net.

Sincerely,
Susan Winiacki
Volunteer Liaison

WYOMING COUNTY COMMUNITY HEALTH SYSTEM
400 North Main Street, Warsaw, NY 14569
(585)786-2233

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: _____ SS# XXX-XX-_____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

DO YOU HAVE HEALTH RESTRICTIONS THAT SHOULD BE CONSIDERATED, OR THAT SHOULD BE IDENTIFIED?
YES NO

IF SO, WHAT? _____

AREA OF PREFERENCE: NURSING FACILITY _____ HOSPITAL _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

AREAS OF INTEREST:
_____ GIFT SHOP _____ COFFEE KIOSK
_____ SPIRITUAL LIFE _____ NURSING FACILITY ACTIVITIES

PLEASE LIST TWO REFERENCES THAT CAN BE CONTACTED:
NAME _____ PHONE _____
NAME _____ PHONE _____

I DECLARE THIS INFORMATION TO BE ACCURATE, AND THIS FACILITY HAS MY PERMISSION TO CONTACT THE WYO. CO. SHERIFF DEPARTMENT FOR A CRIMINAL BACKGROUND CHECK.

SIGNATURE _____ DATE: _____
REVIEWED BY: _____ DATE: _____

PLEASE RETURN THIS FORM TO SUSAN WINIECKI, VOLUNTEER LIASON, EXTENSION 4091.

WYOMING COUNTY HUMAN RESOURCES
400 North Main Street
Warsaw, NY 14569

**A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED IN ORDER FOR
YOU TO BE CONSIDERED FOR VOLUNTEERING**

VOLUNTEER RECORD CHECK

I _____ have applied to volunteer at Wyoming County Community Healthy System, and I understand that they will investigate my character and criminal background. I hereby release the WYOMING COUNTY HUMAN RESOURCE, the COUNTY OF WYOMING and the WYOMING COUNTY SHERIFF'S OFFICE of any liability in such investigation. I understand that a criminal record may result in me not being permitted to volunteer.

My Date of Birth:
Social Security Number:
Address: Street: Post office Box: Township: State: Zip code:
Telephone number: Landline: Cell Number:

I authorize the Wyoming County Sheriff's Office to release any and all the information they have about me to the Wyoming County Human Resources.

Signature:	Date:
Witness:	Date:
Record Check:	By:
Date:	

Thank you for joining the WCCHS Auxiliary

- ❖ Volunteer areas and contact person:
 - ❖ Coffee Kiosk: Jamie Hoffman (585) 861-0137
 - ❖ Gift Shop: Donna Ramsey 786-3829
 - ❖ Nursing Home/Activities, Loretta Grover 786-8940, ext. 4709
- Volunteer Liaison Sue Winiecki, 786-8940 ext. 4091.

**The contact person will arrange scheduling and training.
We look forward to working with you!**