## **Bassett Volunteer Request Form**

Department or Program:					Bassett Location:			
Department	Supervisor who	will be respons	ible for the volu	nteer(s):				
Phone number: How many volunteer hours would you like per week?								
Please desc	cribe your progra	am/department	in terms a volun	teer will unders	tand:			
Describe th	e duties the volu	unteer would do	, as specifically a	as possible:				
<b>Example</b> : Da researching of	ta entry and other online materials, ru	computer tasks, v unning errands wit	risiting with patien thin the building of	ts, cleaning waitin placement.	g room and refre	shing magazine su	pplies,	
1								
2								
3								
Are there ar	ıv skills or abiliti	es desired or re	guired (such as	computers, con	nmunication sk	ills, following dire	ections)?	
Please indic	ate the days an	d times you pre	fer. We will not a	ssign a volunte	er to any times	lot not indicated.		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
Comments								
Comments	•							

## **Please Return Form To:**

The Volunteer Services Office HR House on the Bassett Medical Center Campus 1 Atwell Road, Cooperstown, NY 13326