

VOLUNTEER APPLICATION

HIP Health Plan of New York
 55 Water Street
 New York, NY 10041-8190

Last name	First name	
Street address		
City	State	ZIP
Daytime phone () -	Evening phone () -	E-mail address

1) Age <input type="checkbox"/> 21 – 35 <input type="checkbox"/> 36 – 50 <input type="checkbox"/> 51 – 65 <input type="checkbox"/> Over 65		
2) Religious tradition or spiritual practice		
3) Highest level of education completed		
4) Profession		
5) Language(s) spoken		
6) Favorite pastime or activity		
7) What inspires you to want to visit the sick? (Please use the back if you need more space.)		
8) Briefly describe a time when you were there for someone in need. (Please use the back if you need more space.)		
Reference name	Relationship	Phone
_____	_____	() -

Your signature	Date

