

NYACK HOSPITAL ADULT/COLLEGE VOLUNTEER - PROGRAM

Thank you for your interest in our Volunteer Program

Volunteering is a fun and rewarding experience. It is a great way to meet new people, to learn new skills, and a way to give back to the community. Volunteers are needed and appreciated by staff, patients, and visitors at Nyack Hospital.

Steps to Become an Adult Volunteer

Please read and review the following steps:

1. Complete the enclosed application and supply personal reference from a non-family member with a phone number and address. Return application and letter to:
Nyack Hospital
Volunteer Department
160 North Midland Avenue
Nyack, New York 10960

References will be contacted by telephone. **A Drug Screening and a Background Check must be met before a Volunteer may be accepted in the program.**

2. We will call and schedule an interview time with you.
3. At the time of interview we will schedule you with Employee Health services for medical clearance. If available please bring a copy of your immunizations with you to Employee Health.
4. Attend Volunteer Orientation.
5. First day of assignment: Report to volunteer office for I.D Badge and uniform vest. We will escort you to your assigned area.
6. If you are 55 years and older ask us about the R.S.V.P program (Rockland Senior Volunteer Program).

Thank you for your interest in becoming a Nyack Hospital Volunteer. I look forward to hearing from you soon.

Thank You, Volunteer Services

Nyack Hospital Adult Volunteer/College Application

Nyack Hospital is an equal opportunity employer and does not discriminate against any applicant or employee on the basis of race, color, religion, creed, national origin, sex, age, marital status, disability, military or veteran status, sexual orientation, citizenship status, or any other basis prohibited by federal, state and local law.

GENERAL INFORMATION

Male

Female

NAME _____

PERMANENT ADDRESS _____ How many years at this address? _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

If Different from Permanent Address STREET _____ CITY _____ STATE _____ ZIP CODE _____

Home Phone _____ BUS. # _____ BIRTH DATE _____
Month _____ Day _____

EMAIL _____

EDUCATION:

Please circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 +
High School/College Major Dates Graduated
Trade School Subject/Degree From To Yes or No

1. _____
2. _____
3. _____

IN CASE OF EMERGENCY NOTIFY _____

PHONE NUMBER _____

HEALTH Limitations _____

PERSONAL PHYSICIAN _____ Phone _____

In addition to the reference letter please list two personal references not related to you, whom you have known for at least one year:
(Please include full address and phone number)

1. _____
2. _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
If yes, please give details _____

Do you have relatives employed at Nyack Hospital? YES _____ NO _____
If yes name of relative: _____ Relationship _____
Department: _____
Are you interested in volunteering at Nyack Hospital Thrift Shop(s)? Yes _____ No _____

Time Available:
Morning _____ Afternoon _____ Evening _____

Check Available Days: Monday _____, Tuesday, _____, Wednesday, _____, Thursday, _____
Friday, _____, Saturday, _____, Sunday _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

- **I understand that information contained on my application will be verified by Nyack Hospital Volunteer Department.**
- **I understand that this is an application for and not a commitment or promise of volunteer opportunity.**
- **I understand that all hospital volunteers must follow New York State regulations for initial immunization screening and attend the volunteer or hospital orientation, and annually update both.**
- **I will consider as confidential all information, which I may gain, directly or indirectly, concerning a patient, physician or any other person.**
- **I understand that a background check and drug test will be required to complete my volunteer application process.**
- **My signature attests to the fact that the information that I have provided on my application, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application.**

Signature _____ Date _____

Please mail to:

**Nyack Hospital
Volunteer Department
160 N. Midland Avenue
Nyack, New York 10960**

FOR OFFICE USE ONLY

Received Date _____ *Interviewed by* _____ *Date of interview* _____
Medical _____ *Reference* _____ *Background Check* _____ *Drug Screen* _____
Start Date _____ *Orientation* _____ *I.D, Uniform* _____

Volunteer Assignment _____