

NYACK HOSPITAL - JUNIOR 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. Our summer Junior Volunteer program fills quickly – please call to see if we are still accepting summer Junior Volunteers.

Steps to Become a Junior Volunteer

Please read and review the following steps with your parents.

1. Complete application. Sign back of Junior Volunteer application and have one of your parents (guardian) sign application. **Mail to:**
Nyack Hospital
Volunteer Office
160 North Midland Ave.
Nyack, New York 10960

Provide your school with the High School Form.

2. We will call to schedule you for an interview. At the time of the interview please bring with you (**DO NOT MAIL**):
 - A copy of your medical immunizations.
 - Letter of recommendation with phone number and address, from a non-family member.
 - A Check for \$17.00 made out to Nyack Hospital Volunteer Dept. for purchase of uniform vest.
3. Clearance from Employee Health Department (scheduled at time of interview).
4. Attend Orientation. At this time you will receive your I.D Badge and uniform vest.
5. Start volunteer assignment.
6. When unable to volunteer call assigned area or let the department know in advance.
7. Work a minimum of 40 hours.
8. Please give **one week notice** to the Volunteer Office before completing your commitment. At this time you can request a letter with total hours if needed.

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

Thank You

NYACK HOSPITAL JUNIOR VOLUNTEER 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.

Male Female

Student's Name _____ Phone # _____

Mailing Address _____

EMAIL _____

Emergency Contact: Name _____ Phone# _____

Date of Birth _____ Family Physician _____

High School _____ Year of Graduation _____

Tell us about you—what are your personal strengths? _____

List your school and outside school activities:

Have you discussed with your parents how you will balance your personal activities (vacation, sports, work) with your commitment to volunteer a minimum of 40 hours as a Junior Volunteer this summer?

Yes _____ No _____ will discuss with/ parents _____

Do you plan to attend summer school? Yes _____ No _____

Do you plan to work this summer? Yes _____ No _____

Do you plan to participate in summer sports? _____

If you plan to take a summer vacation, will you be away for more than two weeks? _____

Can you make a minimum commitment of 40 hours of service? _____

Do you have relatives employed at Nyack Hospital? Yes _____ No _____

If yes: Name of relative(s) _____ Relationship: _____

Department: _____

FOR Office Use Only

Received Date _____

Interviewed By _____ Date _____

References _____

Orientation _____

Start Date _____

I.D Badge/Uniform _____

Uniform Check _____

Medical Clearance _____

Assigned Department _____

High School Form _____

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION:

- I understand that all hospital volunteers must follow New York State regulations for initial immunization screening and attend the required hospital orientation, and annually update both.
- I will consider as confidential all information that I may gain, directly or indirectly, concerning a patient, physician or any other person.
- I understand that there is a minimum **commitment of 40 hours** of volunteer service. In completing the minimum commitment I will be eligible for letters of recommendation and qualify for community service hours.
- I will supply one letter of recommendation and the completed High School Information Form.
- 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.

Student's Signature _____ Date _____

Parent(s) Authorization

I understand that my son/daughter is applying to be a Junior Volunteer at Nyack Hospital. I give Nyack Hospital permission to administer (2) PPDs and if documentation of titers or immunization for all childhood diseases (mumps, varicella, rubella, rubeola) is not being provided lab work and /or immunization is permitted. I have read and understand the requirements and expectations of Nyack Hospital.

Parent's Signature _____ Date _____

Please return completed application to:

Nyack Hospital
Volunteer Department
160 N. Midland Avenue
Nyack, New York 10960
Telephone 845-348-2181 or 2204

NYACK HOSPITAL

JUNIOR VOLUNTEER PROGRAM—HIGH SCHOOL INFORMATION FORM

Please have High School Counselor sign and date.

Student's Name _____

High School _____ Year of Graduation _____

- Are there any disciplinary problems which Nyack Hospital should be aware of regarding student?

Yes _____ No _____

If yes, please explain: _____

Signed by: _____ Date _____

I give permission for the release of the above information to:

Nyack Hospital Volunteer Department.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Please mail completed form to —

**Nyack Hospital
Volunteer Department
160 N. Midland Avenue
Nyack, New York 10960
Telephone 845-348-2181 or 2204**