



For Office Use Only:
App Rec'd: _____
Appt. _____
Time _____

Volunteer Application

Today's Date: _____

PERSONAL INFORMATION

LAST NAME <i>(please print clearly)</i>		FIRST		MIDDLE	
Address	Street & No.	Apt. #	City/Town	State	Zip
Home Telephone No.		Work Telephone No.		Cell Phone No.	Email:
Have you ever volunteered within the North Shore-LIJ Health System? <input type="checkbox"/> YES <input type="checkbox"/> NO When? What Department? Why did you leave?					
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?					
Name:		Relationship:		Phone ()	
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are under 18, your parent or guardian's signature is required. See page 3.					

TELL US ABOUT YOURSELF

Day(s) and time(s) you are available to volunteer? (select)							What area are you most interested in? (select)	
Sun.	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	<input type="checkbox"/> Direct Care/Patient Contact <input type="checkbox"/> Clerical <input type="checkbox"/> Customer Service	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What departments or programs are you most interested in? <i>(Please see opportunities sheet)</i>	
9am-1pm	9am-1pm	9am-1pm	9am-1pm	9am-1pm	9am-1pm	9am-1pm		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5pm-8pm	5pm-8pm	5pm-8pm	5pm-8pm	5pm-8pm	5pm-8pm	5pm-8pm	When are you available to begin volunteering?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8pm-11pm	8pm-11pm	8pm-11pm	8pm-11pm	8pm-11pm	8pm-11pm	8pm-11pm		
Referred by:							Foreign Language(s) spoken:	
Have you ever been convicted of a crime (s), misdemeanor (s) or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please give date (s) and details:								

Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.

SUMMER PROGRAM **OR** **GENERAL PROGRAM**

Summer Only Application Deadline: MARCH 1st

*If you are only volunteering for the summer you **must commit** to 8 hours PER WEEK for 8-10 CONSECUTIVE WEEKS.*

EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first. If you have never worked or volunteered in the past, please go to the next section.

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Name and Title of Supervisor	Telephone:		May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Name and Title of Supervisor	Telephone:		May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*If you have <u>never</u> worked or volunteered, please list one academic or non-personal reference (i.e. teacher, guidance counselor, pastor, rabbi, etc.):	
Name:	Relationship (i.e. teacher, pastor, etc.):
Phone Number:	*Your reference cannot be someone you are related to. *Please also include a letter of recommendation.

EDUCATION INFORMATION (If applicable)

<p>If you are currently in high school, please tell us what school you attend:</p> <p>_____</p> <p>Major/Concentration: _____</p> <p>School Location: _____</p>	<p>What grade are you in?</p> <p>_____</p> <p>What is your average (i.e. A, 3.0, 85%, etc.)? _____</p>
<p>What college or university do or did you attend?</p> <p>_____</p> <p>Major: _____</p> <p>School Location: _____</p> <p>Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Graduation Date: _____ GPA _____</p> <p>Degree completed: _____</p>	<p>Other schooling, certifications or licenses?</p> <p>School: _____</p> <p>Certification, License or Degree: _____</p> <p>School: _____</p> <p>Certification, License or Degree _____</p> <p>_____</p>
<p>Are you required to volunteer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, what is the reason? _____</p> <p>_____</p> <p>What are the requirements (i.e. hours, type of placement)?</p> <p>_____</p>	<p>Do you have a definite placement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, where? _____</p> <p>_____</p> <p>Who will be your supervisor?</p> <p>_____</p>

Do you have friends or relatives employed, volunteering or on the Board of Trustees at Northwell Health System? <input type="checkbox"/> YES <input type="checkbox"/> No		
If yes, please provide information below:		
Name	Relationship	Department
Name	Relationship	Department

PERSONAL STATEMENT (please print)

In a brief paragraph please describe why you are interested in volunteering at the Steven & Alexandra Cohen Children's Medical Center:

I agree that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Northwell Health from any liability whatsoever for any such disclosure.

I agree to abide by, accept, and perform my volunteer service within the traditions, standards and core values of the Northwell Health, and to hold as confidential any and all information I learn in conjunction with my volunteer service.

I understand that I will not be paid for my service as a volunteer. I understand that I must complete the volunteer commitment before any information regarding service hours is released. I must attend an orientation and training and submit a medical clearance. I will be required to submit an annual Health Assessment and have an annual PPD or screening test for Tuberculosis. I will be required to give permission for a criminal background check, social security number check, and a NYS Nurse Aide screening (if applicable).

Signature: _____ Date: _____

If under 18, Parent/Guardian Signature required:

Parent Signature: _____ Date: _____

Application Checklist-Please also include the following with your application:

- ✓ **Letter of Recommendation:** It must be from a teacher, guidance counselor, coach, supervisor, priest, rabbi, pastor, former supervisor or guidance counselor.
- ✓ **Resume:** Not required but appreciated.

PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED IN ORDER TO BE PROCESSED.

Please mail your completed application and letter of recommendation to:

Volunteer Services
269-01 76th Avenue, Suite P1320
New Hyde Park, NY 11040

You can also scan and email the application and recommendation letter to chauff@northwell.edu

- Once your application is received you will receive a letter confirming its receipt in the mail.
- If you are selected for an interview you will receive a letter in the mail instructing you of next steps.
- The volunteer commitment for general applicants **is 3 hours per week for 6 consecutive months.**
- The volunteer commitment for summer applicants is **8 hours per week for no less than 8-10 consecutive weeks.**

For Office Use Only:

Date: _____	Date: _____
Interviewer: _____	Interviewer: _____
Comments:	Comments:
Signature: _____	Signature: _____

For Office Use Only:

Department/Program CHILD LIFE	Department/Program _____
Location _____	Location _____
Days S / M / T / W / TH / F / SAT	Days S / M / T / W / TH / F / SAT
Hours _____	Hours _____
Supervisor _____	Supervisor _____
Ext. _____	Ext. _____
Orientation _____	Orientation _____
Start Date _____	Start Date _____
VSYS Number _____	VSYS Number _____

Date Terminated: _____
Reason: _____
