White Plains Hospital

Dear Prospective Junior Volunteer:

Thank you for your interest in White Plains Hospital Junior Volunteer program. Before you begin your volunteer assignment we ask you to do the following things:

1. Apply for working papers at your school or at the Board of Education (for ages 14-15).

2. The minimum time commitment is 70 volunteer hours over a 12 month period.

3. Please complete the application and mail to: Volunteer Services, White Plains Hospital, 41 East Post Road, White Plains, NY 10601.

4. After receiving your information the Volunteer Services Department will contact you for an interview with the Assistant Director and/or Director of Volunteer Services.

5. Following your interview you will be given a Medical Packet including a Pre-Placement Health Questionnaire (to be filled out and signed by a parent or guardian) AND a Physician's Medical Form (to be completed and signed by your doctor), along with the Volunteer Orientation Packet (to be completed and returned to the Volunteer Office).

6. *** When your Medical Packet is completed and signed <u>you must call</u> the Occupational Health Office at 681-1133 for an appointment to complete the screening process. BRING BOTH MEDICAL FORMS WITH YOU TO YOUR APPOINTMENT. NO ONE may volunteer until the Occupational Health Office has given medical clearance.***

7. When you have been cleared by Occupational Health, and have completed the Volunteer Orientation Packet, you will then be issued a Volunteer Identification Badge, uniform, parking tag (if applicable) and begin volunteering.

If you should have any questions during this process please call the Volunteer Services Office for assistance. We look forward to having you as a Junior Volunteer at White Plains Hospital.

Sincerely,

Roseanne Braiotta
Director, Volunteer Services (914) 681-1225

WHITE PLAINS HOSPITAL JUNIOR VOLUNTEER APPLICATION

(No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer placement based on race, color, religion, age, sex, marital status or national origin. Confidentiality will be maintained.)

NAME_____

ADDRESS_____

CITY/STATE_____ Zip Code_____

TELEPHONE_____ E-MAIL_____

SCHOOL_____GRADE_____ YEAR GRADUATING_____

AGE_____ DATE OF BIRTH _____/_____/_____
(Junior Volunteers must be between 14 and 17 years of age)

WORKING PAPER NUMBER _____
Required To Volunteer

PERSONAL PHYSICIAN _____ Tel._____
Name

Tel. # (h) _____
EMERGENCY CONTACT _____ (w) _____
Parent/Guardian (c) _____

ARE YOU VOLUNTEERING FOR SCHOOL CREDIT OR AN INTERNSHIP? _____NO

_____YES; HOURS REQUIRED:_____ COMPLETION DEADLINE: _____

ANTICIPATED STARTING DATE: ____/____/____

ANTICIPATED LENGTH OF COMMITMENT (minimum requirement is 70 volunteer hours OR 6 months of service for three hours a week):
_____

DAY(S) AND TIME(S) AVAILABLE TO VOLUNTEER:_____
_____

AREAS OF VOLUNTEER INTEREST: _____

_____

OTHER VOLUNTEER EXPERIENCE/COMMUNITY INVOLVEMENT: _____

_____

_____

COMPUTER/OFFICE SKILLS:_____

_____

SKILLS/HOBBIES/INTERESTS/LANGUAGE SKILLS YOU ARE WILLING TO

SHARE:_____

_____

_____

REFERENCES:

1._____
Name Address Phone Relationship

2._____
Name Address Phone Relationship

I have answered each question fully and correctly. I understand that any deliberate misstatement could disqualify me or cause termination of my volunteer position at White Plains Hospital . I authorize White Plains Hospital to check my medical background and my references. I have read and clearly understand the above statement.

_____
Junior Volunteer Applicant Signature Date

_____
Parent/Guardian Signature Date