



Dear Prospective Volunteer:

Thank you for your recent inquiry about the Adult Volunteer Program at White Plains Hospital.

To ensure proper support for these programs, and the many other volunteer activities, we are looking for individuals who can make a **minimum commitment of at least 70 hours per year**.

Please complete the enclosed application and mail to: Volunteer Services, White Plains Hospital, 41 East Post Road, White Plains, NY 10601. Once we receive your completed application, we will call to schedule a personal interview at which time we will discuss current volunteer opportunities and your availability.

If you decide to accept a volunteer assignment, at the end of the interview you will be given a Medical Packet and Volunteer Orientation Packet.

All volunteers are required to provide the Hospital with their immunology and medical history. This medical information is reviewed by the Employee/Occupational Health Department before a volunteer begins any assignment. You will then schedule an appointment with the Employee/Occupational Health Department for a blood test (for immunity to mumps, measles, rubella and chicken pox) and PPD skin Mantoux testing for Tuberculosis. Upon medical clearance, and completion of the Volunteer Orientation Packet, you will then be issued a Volunteer ID badge, uniform and parking tag (if applicable). A start date will also be determined.

Upon your retirement from volunteering, your parking tag and ID badge must be returned to the Volunteer Office.

Thank you for your interest in White Plains Hospital and our volunteer program. We look forward to meeting with you as you pursue a successful volunteer career.

Sincerely,

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

White Plains Hospital Volunteer Application

(No questions 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, sexual orientation or national origin. Confidentiality will be maintained.)

Name _____

Address _____

City/State _____

Zip Code _____

Daytime Phone: (____) _____

Evening Phone: (____) _____ E-Mail _____

Place of
Employment _____

In Emergency Notify:

(h) _____

(w) _____

(c) _____

Name

Phone Number

Physician's Name

(____) _____

Physician's Phone Number

Physician's Address

City/State/Zip Code

Are you volunteering for school credit or an internship?

No _____ Yes _____ Number of hours _____ Completion deadline _____

School

Attending _____

Have you ever been convicted of a felony or released from prison in the last 10 years?

No _____ Yes _____ (A YES answer does not necessarily disqualify you. The nature of the offense/date will be taken into consideration to determine whether volunteer placement is appropriate.)

Explanation: _____

What is your anticipated length of commitment to White Plains Hospital?

Number of months _____ Start date _____ End date _____

Number of times per week you are willing to

volunteer _____
(over)

Check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday						
Morning	_____					
Afternoon	_____					
Evening	_____					

What types of volunteer work or what departments most interest you?

Are you able to perform the essential job duties of the position for which you are applying?

Other volunteer experience/community involvement: _____

Work experience (general): _____

Have you ever been employed by or volunteered at White Plains Hospital?
Yes _____ No _____ If YES: Dates _____ Department _____

Skills/ Hobbies? Interests? Language skills are you willing to share: _____

List any office equipment experience or computers you can operate:

References:

1.	_____			
	Name	Address	Phone	Relationship
2.	_____			
	Name	Address	Phone	Relationship
3.	_____			
	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 statements.

Volunteer Applicant Signature

Date

