Dear Prospective Volunteer:

Thank you for your recent inquiry regarding the Adult Volunteer Program at White Plains Hospital. Volunteers are an essential part of providing exceptional care to our community. We are looking for individuals who can make a minimum commitment of at least 70 hours per year.

Administrative process/next steps to become a volunteer:

- Complete volunteer application and mail to: White Plains Hospital - Volunteer Services, 41 East Post Road, White Plains, NY 10601
- Upon review of application for potential assignment, match, and reference check— you will be called to schedule a personal interview

Upon assignment confirmation:

- Complete Orientation Paperwork
- Complete Health Clearance Forms- including appointment with White Plains Hospital Occupational Health Office to obtain a health clearance. Those volunteering during flu season are required to receive a flu vaccination.
- Criminal background check
- Follow-up appointment to issue Hospital ID, parking tag and confirmation of start date and assignment specific training

We look forward to meeting with you as you pursue a successful and rewarding volunteer career!

Sincerely,

Roseanne Braiotta
Director, Volunteer Services
(914) 681-1225
WHITE PLAINS HOSPITAL ADULT 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.)

Full Name: ___________________________ Gender: __________

Last Name: __________________________ First Name: __________________________ M.I.: __________________________

Address: __________________________

Street Address: __________________________ Apartment/Unit #: __________________________

City: __________________________ State: __________________________ ZIP Code: __________________________

Cell Phone: __________________________ Home Phone: __________________________ Email: __________________________

Place of Employment: __________________________

Have you ever worked for White Plains Hospital? YES NO If yes, when/department? __________________________

Do you have a family member currently working at White Plains Hospital? YES NO If yes, name/department? __________________________

In Emergency Notify: __________________________

(h) __________________________

(w) __________________________

(c) __________________________ Phone Number: __________________________

Name: __________________________ Phone Number: __________________________

Physician’s Name: __________________________ Physician’s Phone Number: __________________________

Are you volunteering for school credit or an internship?

No_____ Yes_____ School Attending: __________________________

Number of hours: _________ Start Date: ____________ Completion Deadline: ____________

AVAILABILITY

We require a 70 hour minimum commitment obtained within one year.

Number of times per week you are willing to volunteer: __________________________

Check available times:

Morning Schedule:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Afternoon Schedule:

Evening Schedule:
INTERESTS

I would prefer: □ Direct Patient Contact □ Administrative/Clerical □ Whatever Is Most Needed

Please select the areas that interest you:

□ Nursing Units □ Front Desk □ Patient Transport □ Administrative/Clerical

□ Gift Shop □ Patient Library □ Caregiver Support □ Other: ____________________________

Are you able to perform the essential job duties of the position for which you are applying? YES □ NO □

Briefly, please describe why you are interested in volunteering at White Plains Hospital:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

EXPERIENCE

Other volunteer experience/community involvement:

____________________________________________________________________________________

____________________________________________________________________________________

Work experience (general):

____________________________________________________________________________________

____________________________________________________________________________________

Skills/Hobbies/Language skills that you are willing to share:

____________________________________________________________________________________

List any experience with office equipment, computers, and/or software:

____________________________________________________________________________________

REFERENCES

Please list two professional references. They cannot be family members or friends.

Full Name: ____________________________ Relationship: ____________________________

Email: ____________________________ Phone: ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

Full Name: ____________________________ Relationship: ____________________________

Email: ____________________________ Phone: ____________________________

DISCLAIMER and SIGNATURE

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, administer drug testing, perform criminal background and reference checks. I have read and clearly understand the above statements.

Signature: ____________________________ Date: ____________________________

(required)