Dear Prospective Volunteer:

Thank you for your recent inquiry regarding the Junior 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:

- Apply for working papers at your school (for ages 14-15)
- 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
- 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 JUNIOR 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     First     M.I.

Address: ____________________________________________________________

Street Address ________________________________________________________

Apartment/Unit # ______________________________________________________

City __________________________________ State ___________ ZIP Code _____

Cell Phone: ___________ Home Phone: ___________ Email: ________________

Age: _______ Birthdate: ___________ Working Papers #: _____________________

(Junior Volunteers must be between 14 and 17 years old) Required for ages 14-15

School: ___________________________________________ Grade: _______ Year Graduating: ______

In Emergency Notify:  (h) ____________________________  (w) ____________________________  (c) ____________________________

Parent/Guardian Phone Number ____________________________

Physician’s Name ____________________________  Physician’s Phone Number ____________________________

Do you have a family member currently working at White Plains Hospital? YES NO

□ □ If yes, name/department? ____________________________

Are you volunteering for school credit or an internship? No_____ Yes_____

Number of Hours: ________ Start Date: ___________ Completion Deadline: ___________

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# 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:

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<th>Morning</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td>Afternoon</td>
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<td>Evening</td>
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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    □ 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 and reference checks. I have read and clearly understand the above statements.

Applicant Signature: ____________________________________________ Date: ________________
(required)

Parent/Guardian Signature: ______________________________________ Date: ________________
(required)

White Plains Hospital Volunteer Services  Revised 8/27/19