REQUIREMENTS FOR VOLUNTEERS

Please **DO NOT** send anything via fax, mail or email

1. Application *(see next page)*
   Complete front and back. Please sign and date.

2. One Professional Letter of Reference *(Typed)*

3. Age Requirement – 16 Years Old and Over.
   If you are under 18 years of age, you must have a parental consent section of the application form signed *(see page 2 of the application)*. Please bring in a copy of current working papers.

4. Medical Clearance
   - Most up-to-date **Titors (Lab Reports)**: Measles/Mumps/Rubella (MMR), Varicella *(Chicken Pox)*
   - Immunization Record for Tuberculosis *(2 PPD tests required: for current year)* One may be done here at TBHC

5. Proof of Citizenship/Residency *(Original for One of the Following)*:
   - Birth Certificate
   - Passport

6. Photo Identification *(Original for One of the Following)*:
   - School Identification
   - Employee Identification
   - New York State ID/Driver License

7. Social Security Card *(Original)* Applicants must have a SS card to be processed
   **Please Note:** **INDIVIDUALS WITHOUT SOCIAL SECURITY WILL NOT BE ACCEPTED**
   **NO EXCEPTIONS WILL BE MADE!**

8. Working Papers *(for Individuals under 18)*

9. Background Check *(coordinated by Human Resources for Individuals 18 and over)*

10. Drug Test *(coordinated by Human Resources for Individuals 18 and over)*

11. Attend Orientation *(upon acceptance)*
   
   *When you complete your application AND have the rest of the required documents, please call Volunteer Office for appointment (718-250-8393)*

   **Please Note:** To be cleared for work, **AFTER** your appointment in the Volunteer Office, you will be sent to **Human Resources: 240 Willoughby St. 7th Floor, Brooklyn, NY 11201, 718-250-6217**

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**IMPORTANT NOTICE:** IF YOU ARE OFFERED A VOLUNTEER POSITION, THERE IS A **6 (SIX) MONTHS COMMITMENT**

*(There is also a 150 hours minimum during the 6 months period)*
Volunteer Service Application

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Sex</th>
<th>Social Security #: (required)</th>
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<td>□ Male □ Female</td>
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<tr>
<th>Address: Street &amp; No.</th>
<th>Apt #</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
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<tr>
<th>Home Telephone No.</th>
<th>Work Telephone No.</th>
<th>Cell Phone No.</th>
<th>Email:</th>
</tr>
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</table>

Have you ever volunteered at The Brooklyn Hospital? When? What Department?  
☐ YES  ☐ NO

Do you have previous volunteer experience?  ☐ YES  ☐ NO  
If yes, where?  
_______________________________________________________________________________________

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?  
Name:  
Relationship:  
Phone:  

Are you 18 years of age or older?  ☐ YES  ☐ NO  
If you are under 18, your parent/guardian's signature is required (See next page)

TELL US ABOUT YOURSELF

Day(s) you are available to volunteer? (Check all that apply)  
☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  
☐ Friday  ☐ Saturday  ☐ Sunday

Time(s) you are available:  
☐ Morning  ☐ Afternoon  ☐ Evening

What program are you most interested in? (Check all that apply)  
☐ Clerical aide  ☐ Emergency Room aide  
☐ Pediatric Playroom  ☐ Patient Care aide  
☐ Hospitality Program  ☐ Physical/Occupational Therapy  
☐ Pastoral Care  ☐ Other_____________________

What departments/programs are you most interested in?  

Have you ever been convicted of a crime(s), misdemeanor(s) or felony?  
☐ YES  ☐ NO  
If yes, please give date(s) and detail:  
_______________________________________________________________________________________

Do you have any physical, mental or medical condition, which would limit your ability to perform function of a volunteer job?  
☐ YES  ☐ NO  
If yes, please describe:  
_______________________________________________________________________________________

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.

I am currently (check one that applies and fill in the information):  
☐ A high School student - High School: ____________________________  
☐ A College student - College:  
☐ Employed - Name & Address of Employer:  
☐ Retired  ☐ Currently Unemployed
Skills (Check the skills that you have to offer):

- [ ] Able to alphabetize
- [ ] Systematic
- [ ] Planning abilities
- [ ] Organizational skills
- [ ] Listening skills
- [ ] Fluency in English
- [ ] Neat, legible handwriting
- [ ] Endurance
- [ ] Public speaking
- [ ] Light office skills
- [ ] Steady hands and feet
- [ ] Bilingual (Fluent in: ____________________________)
- [ ] Nursing experience
- [ ] Self motivation
- [ ] Leadership skills
- [ ] Sense of direction
- [ ] Manual dexterity

Check the following characteristics that best describe you:

- [ ] Calmness
- [ ] Patience
- [ ] Common sense
- [ ] Poise
- [ ] Compassion
- [ ] Positive attitude
- [ ] Conscientious
- [ ] Tactfulness
- [ ] Courtesy
- [ ] Understanding
- [ ] Flexibility
- [ ] Warmth
- [ ] Outgoing personality
- [ ] Other

Personal Reference (not a relative):

Name: ______________________________________ Phone: __________________________
Address: ______________________________________ Zip Code: __________

PLEASE NOTE: One professional letter of reference (typed) must be provided

Are you a high school student volunteering for the summer only?  □ YES  □ NO

High School Summer Only Application Deadline: May 1st

If you are only volunteering for the summer you must commit to volunteering for at least 15 hours each week for 8 – 10 weeks.

I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize The Brooklyn Hospital Center’s Volunteer Services Department to fully investigate my references.

- I understand that in accordance with New York State law, if I am offered a volunteer position, I may be fingerprinted and that such offer and continued volunteer placement are conditional upon satisfactory clearance by this institution’s Employee Health Service, which includes drug testing and satisfactory reference verification.

- I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer. In this regard, I will only discuss this information with appropriate staff and will never, under any circumstances, reveal the name of a patient. If I keep a journal or write a term paper of my experiences, I agree to submit a copy of this written material upon the request of my clinical supervisor or the of Volunteer Services Department in order to protect the confidentiality and legal rights of the patients.

- I understand that, if I am offered a volunteer position, I agree to remain in that position for at least 150 hours or 6 months.

Signature: ___________________________________________ Date: ______________

IF UNDER 18 YEARS OLD, PARENT/GUARDIAN SIGNATURE REQUIRED:

I give my consent to my son/daughter ___________________________ to serve as a volunteer at The Brooklyn Hospital Center

Parent Signature: ___________________________________________ Date: __________

PLEASE NOTE: All students under the age of 18 years must obtain Working Papers; have proof of their most up to date Titters (Lab Reports) – Measles/Mumps/Rubella (MMR), Varicella (Chicken Pox), and Immunization Records for Tuberculosis (PPD) test (2 PPD required: for previous AND current year)

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

**Laboratory Report**

**Name:**

**Phenotypic:**

**Accession:**

**Collection Date:**

**Received In Lab:**

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### Test Name

<table>
<thead>
<tr>
<th>In Range</th>
<th>Out of Range</th>
<th>Flag</th>
<th>Units</th>
<th>Reference Range</th>
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</thead>
<tbody>
<tr>
<td><strong>Measles IgG Abs</strong></td>
<td><img src="Image" alt="Result" /></td>
<td><img src="Image" alt="Flag" /></td>
<td>INDEX</td>
<td>Run By: OK on 6/13/2011 2:33 PM</td>
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<td><strong>Mumps IgG Abs</strong></td>
<td><img src="Image" alt="Result" /></td>
<td><img src="Image" alt="Flag" /></td>
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<td>Run By: OK on 6/13/2011 2:33 PM</td>
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<td><strong>Rubella IgG Abs</strong></td>
<td><img src="Image" alt="Result" /></td>
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<td>IU/mL</td>
<td>Run By: AL on 6/11/2011 5:22 PM</td>
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<td><strong>Varicella IgG Abs</strong></td>
<td><img src="Image" alt="Result" /></td>
<td><img src="Image" alt="Flag" /></td>
<td>INDEX</td>
<td>Run By: OK on 6/13/2011 2:33 PM</td>
</tr>
</tbody>
</table>

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### Test Results

- **Measles IgG Abs:**
  - Reference Range: 0.9 to < 1.1 = Equivocal
  - 2.25 = Positive for Measles IgG, presumed immune to Measles Infection

- **Mumps IgG Abs:**
  - Reference Range: 0.9 to < 1.1 = Equivocal
  - 1.01 = Positive for Mumps IgG, presumed immune to Mumps Infection

- **Rubella IgG Abs:**
  - Reference Range: Less than 10 IU/mL = Nonreactive
  - 20.5 = Positive for Rubella IgG

- **Varicella IgG Abs:**
  - Reference Range: 0.9 to < 1.1 = Equivocal
  - 7.02 = Positive for Varicella IgG

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### Urinalysis

<table>
<thead>
<tr>
<th>Microscopic WBC</th>
<th>Microscopic RBC</th>
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<tr>
<td>0-5</td>
<td>0-5</td>
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<tr>
<td>5-10</td>
<td>(H)</td>
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**Final Copy**
Tuberculin Test Results

Name

Had a PPD placed RFA / LFA on the date of ___/___/____

Manufacturer __________  Product Name ______________

Lot Number _____________  Exp. Date __________

____________________________________
Signature

Had a PPD read on the date of ___/___/____

Results ___________ (Read in millimeters, NOT positive or negative)

____________________________________
Signature

PPD’s are to be read 48-72 hours after placement. They may be read by any Registered Nurse, NP, PA, or MD (just not yourself). Remember, do not have results recorded as positive or negative. Instead, all results should be recorded in millimeters.
The Brooklyn Hospital Center  
Employee Health Services  
Telephone: 718-250-8774  
Fax: 718-250-8893  

Name: ____________________________  
Last Name, First  
Address: ____________________________  
Work or Cell#: ____________________________  
Pager #: ____________________________  
Social Security #: ____________________________  
Position: ____________________________  
Date: ____________________________  
Home #: ____________________________  
Date of Birth: ____________________________  
Gender: M or F  
Department: ____________________________  

DO NOT WRITE IN THIS AREA

<table>
<thead>
<tr>
<th>TEST</th>
<th>DATES/ LEVEL</th>
<th>DATES/ LEVEL</th>
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<tbody>
<tr>
<td>Measles</td>
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<td>Mumps</td>
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<tr>
<td>Rubella</td>
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<td>Varicella:</td>
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<td>Hbsab</td>
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<td>HepC ab:</td>
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<tr>
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<td>HBV#1:</td>
<td>HBV#2:</td>
<td>HBV#3:</td>
</tr>
<tr>
<td>Tetanus/ Diphtheria Date:</td>
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<tr>
<td>1st STEP PPD</td>
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<td>RESULT:</td>
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<tr>
<td>2nd STEP PPD</td>
<td></td>
<td>RESULT:</td>
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<tr>
<td>CXR</td>
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<td>RESULT:</td>
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<td>INH</td>
<td>Date:</td>
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<td>Respirator Medical Evaluation Questionnaire</td>
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<td>Fit Testing</td>
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<tr>
<td>Size</td>
<td>N95R:</td>
<td>N95S:</td>
</tr>
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</table>

Copies of all Lab. Titers & PPD results must be attached.
<table>
<thead>
<tr>
<th>Applicant's First Name or Initial</th>
<th>Last Name</th>
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</table>

I understand that the Brooklyn Hospital Center (COMPANY) will utilize the services of Sterling InfoSystems Inc., 240 West 17th Street, New York, NY 10011, (2000) 980-2252 to obtain a consumer report and/or investigative consumer report as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, in the event permitted by law, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment.

I understand Sterling InfoSystems Inc. (STERLING) investigation may include obtaining information regarding my credit background, bankruptcies, driving record, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spouse or child support, accounts placed for collection, and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted with or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living.

I understand that I have the right to receive written notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request for five days after the investigation consumer report was requested, whichever is later.

☐ By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if COMPANY makes an unconditional request to suspend all or in part my report, I will be provided a copy of the report and another description in writing of my rights under the fair credit reporting act and, as required by law, any related state summary of rights. If I disagree with the accuracy of the purposed disqualifying information in the report, I must notify COMPANY within five business days of receipt of the report that I am challenging the accuracy of such information with Sterling InfoSystems Inc.

I hereby consent to this investigation and authorize COMPANY to procure a consumer report(s) and/or investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

In order to verify your identity for the purposes of background identification, I am voluntarily releasing my date of birth, social security number and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

☐ Minnesota & Oklahoma Applicants Only; I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by checking the box. STERLING will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative consumer report. (Check only if you wish to receive a copy.)

☐ Maine Applicants Only; By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report.

☐ Washington State Applicants Only (AS APPLICABLE); I further understand that COMPANY will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below.)

Reason why COMPANY considers information about "credit worthiness, credit standing, or credit capacity" as substantially job related: ____________________________

☐ NY Applicants Only; I also acknowledge that I have received the attached copy of Article 23A of New York's Consumer Law. I further understand that I may review and receive a copy of any investigative consumer report by contacting the consumer reporting agency. I further understand that if I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Signature: ____________________________

Today's Date: ____________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to http://www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See http://www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See http://www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
PARENTAL CONSENT FORM

Date:

Dear Parent/Guardian

We are considering your son/daughter____________________for volunteer services at
The Brooklyn Hospital Center. Before we can act on his/her application, we require parental approval,
as well as, working papers for all applicants under the age of eighteen (18). Most important, we
require parental approval for your son/daughter to receive a medical examination, including a PPD if
needed, from The Brooklyn Hospital Center’s Employee Health Services Department.

If you approve, please sign the consent from below and return it as soon as possible.

_______________________________
Parent/Guardian Name

_______________________________
Signature of Parent/Guardian

_______________________________
Street Address

_______________________________
City State Zip Code

_______________________________
Today’s Date

_______________________________
Home Telephone

_______________________________
Work Telephone

member

New York-Presbyterian

Healthcare System

affiliate: Weill Cornell Medical College

121 Dekalb Avenue
Brooklyn, New York 11201

Telephone 718 250-6293
Fax 718 250-6296