



The Brooklyn
Hospital Center

Keeping Brooklyn Healthy

VOLUNTEER APPLICATION

CONTACT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Phone Number (Home): _____ Phone Number (Mobile): _____

Phone Number (Work): _____ Email: _____

Current Address

Street/Apt.: _____

City, State, Zip: _____ Country: _____

Today's Date: _____

GENERAL INFORMATION

If accepted, can you provide proof of your citizenship or residency to remain in the United States (please note that you must be able to prove authorization to be in the United States)? Yes No

If no, please describe work authorization status.

Have you ever been employed by TBHC? Yes No.

If yes, location and reason for leaving.

From Date: _____ To Date: _____

Have you ever been assigned here through an Agency? Yes No

If yes, please list position, department, dates, agency name and reason for leaving.

Have you ever volunteered at TBHC? Yes No

If yes, please list position, department, dates and reason for leaving.

Do you have relatives employed by TBHC? Yes No

If yes, give their name(s).

Have you ever been excluded, suspended, debarred, or denied participation in any state or federal health care program including but not limited to Medicare, Medicaid or Tricare? Yes No

If yes, please provide the dates of the action, the details of same, and your current status in that program.

VOLUNTEERING AT THE BROOKLYN HOSPITAL CENTER

1. Volunteer Opportunity Desired

Please indicate all opportunities interested in (Note: if you are a student volunteer under of 18 years of age, some placement limitations may apply):

- Patient Visitor Customer Service Hospitality Administrative/Clerical Operational Assistant
 Special Project (short-term or time-limited)

Other types of positions interested in (please list):

2. Volunteer Availability

Date available to start? _____

Number of hours a week available: _____

Day(s) of the week available (please check all that are applicable):

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Times of day or evening available:

3. Tell us a little about yourself

SKILLS AND ABILITIES: Please list any skills and abilities that you feel would make you an effective volunteer (Examples: clerical and software skills, public speaking and project planning skills).

Your list:

PERSONAL STATEMENT: We are honored that you are interested in volunteering with The Brooklyn Hospital Center. Please tell us why you are interested in volunteering with us:

4. Professional References

Please provide the names, contact information and professional relationship of two reference contacts (note: professional references should not be family members or friends. Examples of professional references are: current/former employers, volunteer supervisors, teachers/professors)

EMPLOYMENT, EDUCATION AND VOLUNTEER HISTORY

Employment History

If you have never been employed, please check box and move forward:

EMPLOYER 1. Name of Organization: _____

Employment Type: Full-time Part-time

Current Address: _____

City, State, Zip: _____ Country: _____

Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone (xxx-xxx-xxxx): _____

Supervisor's Title: _____

Position/Title: _____ Hours Per Week: _____

May we contact for reference? Yes No

Are you currently employed with this organization? Yes No

Job Duties:

EMPLOYER 2. Name of Organization: _____

Employment Type: Full-time Part-time

Current Address: _____

City, State, Zip: _____ Country: _____

Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone (xxx-xxx-xxxx): _____

Supervisor's Title: _____

Position/Title: _____ Hours Per Week: _____

May we contact for reference? Yes No

Are you currently employed with this organization? Yes No

Job Duties:

Education History

Please list highest level of education completed: _____

School Type: _____

School Name: _____

Address: _____

City, State, Zip: _____ Country: _____

Diploma or Degree Obtained: _____

Date Attended From: _____ Date Attended To: _____

Graduated? Yes No GED? Yes No GPA: _____

Contact Name: _____ Contact Phone (xxx-xxx-xxxx): _____

Volunteer Experience

If you have never volunteered, please check box and move forward:

VOLUNTEER 1. Name of Organization: _____

Employment Type: Full-time Part-time

Current Address: _____

City, State, Zip: _____ Country: _____

Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone (xxx-xxx-xxxx): _____

Supervisor's Title: _____

Position/Title: _____ Hours Per Week: _____

May we contact for reference? Yes No

Are you currently volunteering with this organization? Yes No

Job Duties:

VOLUNTEER 2. Name of Organization: _____

Employment Type: Full-time Part-time

Current Address: _____

City, State, Zip: _____ Country: _____

Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone (xxx-xxx-xxxx): _____

Supervisor's Title: _____

Position/Title: _____ Hours Per Week: _____

May we contact for reference? Yes No

Are you currently volunteering with this organization? Yes No

Job Duties:

Achievements

Please list any other achievements applicable: _____

Professional License/Certification: _____

Do you have any licenses? _____

ELECTRONIC SIGNATURE AND STATEMENT OF UNDERSTANDING

Please read the following statements carefully, as they represent matters of importance to you and to The Brooklyn Hospital Center in connection with this volunteer application. After you have read the form in its entirety, please sign below.

I understand and agree that:

- The information provided in this application, in my resume (if supplied) and during my interview(s) is true and complete to the best of my knowledge. I understand that any false or misleading statements on this application, on my resume, on any prescreening documents or in my interview(s) may result refusal of volunteer status or, if I am hereafter on-boarded by The Brooklyn Hospital Center, termination of my volunteer status.
- I understand that falsification or omission of information on my application may result in my immediate dismissal.
- I understand that completion of this application is for a volunteer opportunity only and does not nor will constitute an offer of employment at The Brooklyn Hospital Center currently or in the future.
- The Brooklyn Hospital Center may verify all of the information that I have provided on this application and I release The Brooklyn Hospital Center and its employees, contractors, trustees, directors, agents or representatives from liability for seeking such information and any and all persons, institutions, business entities, and corporations providing The Brooklyn Hospital Center with such information.
- I further agree to sign whatever consent forms may be necessary to permit The Brooklyn Hospital Center to verify all of the information that I have provided in this application.
- I understand that, if I am between that ages of 16 to 18 years of age, I will be required to provide express parental/legal guardian consent.
- I understand that if I am offered a volunteer opportunity, under New York State law, I will be subject to a background check and medical clearance by The Brooklyn Hospital Center's Employee Health Services Department, which includes but is not limited to a drug test, TB test, titer results (mumps ,measles, rubella, varicella and Hepatitis B panels), physical, full vaccination for Covid 19 and annual flu vaccination or declination (I understand that if I have declined to receive an annual flu vaccination I will be required to wear a mask in all areas of the hospital) and that any offer of a volunteering opportunity or the continuation of volunteering at The Brooklyn Hospital Center are conditional upon satisfactory clearance and satisfactory reference verification and other general information provided on this volunteer application.
- I understand that if I am offered a volunteer opportunity, my status as a volunteer will be "at will," meaning that you or The Brooklyn Hospital Center, may end the volunteer relationship, at any time, with or without notice.

Electronic Signature

Please type your name as it is listed above. I testify that this statement is true to the best of my knowledge:
