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** Titers (**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

**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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Street &amp; No.</th>
<th>Apt #</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Telephone No.</th>
<th>Work Telephone No.</th>
<th>Cell Phone No.</th>
<th>Email:</th>
</tr>
</thead>
</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?**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

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 departments/programs are you most interested in?

- [ ] Clerical aide
- [ ] Emergency Room aide
- [ ] Pediatric Playroom
- [ ] Patient Care aide
- [ ] Hospitality Program
- [ ] Physical/Occupational Therapy
- [ ] Pastoral Care
- [ ] Other

What program are you most interested in? (Check all that apply)

- [ ] Hospital Personnel
- [ ] Community
- [ ] Medical Staff
- [ ] Patients' Families
- [ ] Visitors
- [ ] Patients

What population would you like to work with? (Check all that apply)

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
- Public speaking
- Light office skills
- Steady hands and feet
- Bilingual (Fluent in: )
- Nursing experience
- Endurance
- Leadership skills
- Sense of direction
- Manual dexterity

**Check the following characteristics that best describe you:**

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

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**Personal Reference (not a relative):**

Name: ___________________________  Phone: ___________________________

Address: ___________________________  Zip Code: __________

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

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

High School Summer Only Application Deadline: May 1

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

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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 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:** ___________________________

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**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 Titers (Lab Reports) – Measles/Varicella (MMR), Varicella (Chicken Pox), and Immunization Records for Tuberculosis (PPD) test (2 PPD required: for previous AND current year)

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**PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED IN ORDER TO BE PROCESSED AND IT TAKES 4-6 WEEKS BEFORE YOU CAN BEGIN VOLUNTEERING**
CRIMINAL BACKGROUND HISTORY

Please complete the following with regards to your criminal background history.

<table>
<thead>
<tr>
<th>HAVE YOU EVER BEEN CONVICTED OF OR EVER PLEAD GUILTY TO A CRIME OR OFFENSE OTHER THAN A TRAFFIC VIOLATION?</th>
<th>YES or NO</th>
</tr>
</thead>
</table>

If yes, please state the nature of any offense, the date and jurisdiction of any offense, and any rehabilitative efforts that you have made related to such offense or otherwise. A conviction or guilty plea will not necessarily be a bar to employment.

ATTESTATION - NEW YORK CORRECTION LAW

Effective 11/1/2015
ARTICLE 23-A

I, ______________________________, attest that I have received and read the New York Correction Law – Article 23-A document regarding licensure and employment of persons previously convicted of one or more criminal offenses.

Other Names used, if any:

________________________________________________________________________

________________________________________________________________________

Date of Birth: __________________________________________________________

Social Security: __________________________________________________________

Signature: __________________________________________________________________

Date: _____________________________________________________________________

Received By:

Human Resources Representative

Date

Effective 11/1/2015
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.
Quest Diagnostics

PATIENT INFORMATION

REPORT STATUS FINAL

REPRINT

OBIVING PHYSICIAN

SPECIMEN INFORMATION

SPECIMEN: AM-093343

COLLECTED: 02/21/2012 15:34

REPORTED: 04/05/2012 13:03

CLIENT INFORMATION

13896420

Test Name In Range Out of Range Reference Range Lab

MEASLES AB (IGG) 3.48

Interpretation: Positive or Immune

A positive result indicates that the patient has antibody to Measles. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted with the clinical signs and symptoms of the patient.

Index Value

<0.91

0.91-1.99

>1.10

Examples of positive detected.

VARICELLA-ZOSTER AB (IGG)

Interpretation:

A positive result indicates prior VZV infection. The clinical diagnosis must be interpreted with the clinical signs and symptoms of the patient.

The presence of IgG antibody detected.

Index Value

<0.91

0.91-1.99

>1.10

MUMPS (IGG)

Interpretation:

Positive - Mumps antibody detected.

Index Value

<0.91

0.91-1.99

>1.10

MEASLES AB (IGG)

Interpretation: No Measles IgG antibody detected.

Index Value

<0.91

0.91-1.99

>1.10

POSITIVE - Measles IgG antibody detected.

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Page 4
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                                            Today’s Date

_________________________
Signature of Parent/Guardian

_________________________
Street Address

_________________________  ____________________________
City  State  Zip Code                                            Home Telephone

_________________________
Work Telephone

121 DeKalb Avenue
Brooklyn, NY 11201
tel: 718.250.8000
www.tbh.org