CONEY ISLAND HOSPITAL
2601 OCEAN PARKWAY
BROOKLYN, NEW YORK, 11235
TEL.718.616.3000

Last Name _____ **First Name** _____

New Volunteer Candidate Processing Form

(DO NOT WRITE ON THIS PAGE – FOR OFFICE USE ONLY)

Procedure	✓	Date	Staff Initials
Application			
Picture I.D.			
Working Papers (If under 18 yrs.)			
Personal Reference			
Terms and Conditions of Appointment Form			
Physical Clearance Date of Clearance: ____/_____/____			
Volunteer Orientation Attendance Date Attended: ____/_____/____			
Hospital Uniform Receipt #: _____			
Hospital I.D.			
Entered into Computer			
Volunteer Approved to Start			

Comments:

_____

_____

_____

For Office Use Only

Interviewer: _____

Weekday ❑Morning ❑Afternoon **Weekends** ❑Morning ❑Afternoon

Assignment: _____ Department: _____

Internship: Accepted by department head: ❑**Yes** ❑**No**

Volunteer Applicant Information

Last Name:	First Name:
Date of Birth: __ __ / __ __ / __ __ (year is optional) Are you at least 14 years of age? ❑Yes ❑ No	Social Security Number: __ __ __ - __ __ - __ __ __ __
Current Address:	

City:	State:	Apt #:	Zip Code: __ __ __ __ __
Home Telephone Number: ( )		Cell Number: ( )	
E-mail Address:			

Emergency Contact Information

Last Name:	First Name:
Home Telephone Number: ( )	Cell Number: ( )
Relationship:	

Employment Information

Are you currently employed?	❑ Yes	❑ No

Education Information

I have completed:	❑ Junior High School	❑High School	❑Some College	❑College	❑Graduate School	❑Other

If applicable, please list the High School or College you are currently attending:

I need volunteer hours for school:	❑ Yes	❑ No
If Yes, how many?		

CONEY ISLAND HOSPITAL
2601 OCEAN PARKWAY
BROOKLYN, NEW YORK, 11235
TEL.718.616.3000

Interview Questions

1. Why do you wish to volunteer at Coney Island Hospital? (e.g., academic, personal, experience, etc.)

2. What is/are your area(s) of interest?

- ❑ **CIH OfficeTeam**
- ❑ **Palliative Care**
- ❑ **Healing without Borders** (Funny bone cart, Music, Arts/Crafts, Yoga, Creative writing)
- ❑ **Allied-Health Track** (OT, PT, Dental, Respiratory, Behavioral)
- ❑ **Dr. Fido (pet therapy)**
- ❑ **Comfort Care Specialist**
- ❑ **Reach Out and Read**
- ❑ **CIH Council**
- ❑ **Other** _____

3. Please describe relevant work skills or personal experience

4. Do you have any hobbies or special talents?

5. Do you speak, write or read a second language? If yes, what language?

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, includes termination by, CONEY ISLAND HOSPITAL and or possible legal action by patients, families or this facility. I also understand that any training given is solely for volunteer services and <u>not</u> lead to paid employment.

Applicant Signature: _____ Date _____/_____/_____

CONEY ISLAND HOSPITAL
2601 OCEAN PARKWAY
BROOKLYN, NEW YORK, 11235
TEL.718.616.3000

Christina Cornacchia
Assistant Coordinating Manager, Volunteer Services
Brooklyn, New York 11235
Main Building Room 904
Phone: (718) 616-3161
Fax: (718) 616-4782

Dear Potential Volunteer:

As a prospective volunteer, you will need **two (2)** people give an objective and candid opinion about you. These references may be written by either professional or personal contacts over the age of 18 (e.g, employer, co-worker, professor, teacher, guidance counselor, friend, neighbor, pastor—**no family members please)**. Please use the attached forms and return via email, fax, or regular mail.

Please be assured that the information will be kept strictly confidential in accordance with the Federal Privacy and Confidentiality Guideline Laws.

Kindly,

Christina Cornacchia

I hereby authorize release of reference.

_____
Print Name

_____
Signature

_____/_____/_____
Date

CONEY ISLAND HOSPITAL

BEHAVIORAL STANDARDS

We are committed to providing the highest quality of service and meeting our customers need with utmost care and courtesy.

Attitude & Appearance

- We will introduce ourselves to patients, their families and visitors with a smile.
- We will wear our identification badge so that it can be easily seen.
- Rudeness is never acceptable. We must at all times treat one another with courtesy and respect.
- We recognize that our customers have a sense of urgency and show them we value their time.
- We know and follow the Dress Code policy.
- We do not say, "It's not my job." If you are unable to meet a request, be responsible for finding someone who can.

Communication

- We will answer calls within three to five rings.
- We will answer all calls by providing our department and name, asking "How may I help you?" or the equivalent. Speak clearly.
- We will get the caller's permission before putting him or her on hold, and then thank the caller for holding when we return to that line.
- We will not use our cell phones, Bluetooth devices, iPod or any other electronic devices while providing services to our patients or fellow staff members.

Teamwork

- We will show consideration. Be sensitive to fellow employee's inconvenience.
- We will be supportive of fellow employees. Offer help when possible. Cooperation is expected in the workplace.
- We will treat every co-worker as a professional. Recognize that we each have an area of expertise.
- We will welcome new employees. Be supportive by offering help and setting an example of the cooperation expected in the workplace.

Privacy, Confidentiality & HIPAA

- Information about our patients is strictly confidential. We are all responsible for ensuring that patient confidentiality is never compromised.
- We do not discuss patient treatment information care in public areas (i.e., elevators, hallways, cafeteria, etc.)
- We will always knock before entering a patient's room.
- We will close patient bed curtains or room doors during examinations, procedures or when otherwise needed.
- We respect our co-workers' privacy by eliminating gossip. Our customers also hear this unprofessional talk.
- Patient records must be kept confidential.

_____ _____/_____/_____

Print Name Date

_____

Signature

HEALTH AND HOSPITALS CORPORATIONS
CONEY ISLAND HOSPITAL
VOLUNTEER SERVICES DEPARTMENT

I, _____, authorize the physicians, medical staff, and personnel of this hospital to conduct such medical assessments and physical tests as I may be required to have under the New York State and City Health Codes, or as a qualification or condition of volunteering with the New York City Health and Hospitals Corporation (HHC) or as a condition of continued volunteering with HHC.

I understand that a medical layman's assessment may include, but is not limited to:

- Immunity to Rubella, followed by immunization as appropriate;
- Test for tuberculosis including a chest x-rays if test is positive.
- Stool examination and/or culture for enteric pathogens.
- Blood test for hepatitis virus' antigen and identification of immunity to hepatitis.
- Primary immunization against diphtheria (and tetanus) as appropriate.
- Screening or testing for use of depressants, stimulants, narcotics, alcohol, or other substances, to be completed by Occupational Health Services at Coney Island Hospital.

I understand that if I have been previously immunized for any of the above, I may present proof of my immunity in a statement by my private physician, school, clinic, health agency, etc. This statement, which must identify the date(s) and source(s) of such immunization, must be found acceptable by the hospital's examining physician.

I acknowledge that no guarantees have been made to me as the result of these assessments or tests. This consent has been fully explained to me, and an offer has been made to me to answer any questions I may have.

_____ _____/_____/_____
Print Name Date

_____
Signature

Volunteer Department Representative: _____

Detach and retain in confidential file

CONFIDENTIAL

New York City Health and Hospitals Corporation
APPLICATION FOR EMPLOYMENT

CONVICTION RECORD

(Conviction of a violation of law or ordinance is not necessarily a bar to employment)

Were you ever convicted of a violation of any law or ordinance in this state or elsewhere? (Convictions for juvenile delinquency, youthful offender or wayward minor need not be reported. Traffic violations must be included.)

YES ☐ NO ☐

If yes, explain each violation, setting forth the date, charge, court and action taken in the boxes below: (if you need additional space, please use the back of this form)

Violation	Date of violation	Charge	Court and action taken

Please attach a copy of the final disposition (for each violation).

CERTIFICATION

I hereby certify that all the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that if arrested or convicted after my employment, I must report this to the facility Human Resources Director.

Signature of Applicant	Date
Print Name	Last 4 digits of Social Security #

This information and any document received by the Corporation as part of a background criminal record investigation are strictly confidential and shall not be available for copying after inspection, except as expressly provided by law.

HR USE ONLY
Disposition Provided:
_ Yes _ No
Initial:

HEALTH AND HOSPITALS CORPORATIONS
CONEY ISLAND HOSPITAL
VOLUNTEER SERVICES DEPARTMENT

TERMS AND CONDITIONS OF APPOINTMENT

Name:	Title:
Social Security #:	Start Date:

☐ VOLUNTEER ☐ INTERN ☐ AGENCY ☐ OTHER _____

I, the above named individual, hereby accept assignment to the above position subject to the following terms and conditions.

1. I understand that my appointment to the above position is subject to my being cleared by the New York City Health and Hospitals Corporation (HHC) which will include a background investigation and a medical assessment which will include screening for the presence of drugs or alcohol. I may also be obligated to take a physical test or other qualifying test, if required for the position. I shall willingly undergo such examinations.
2. I hereby authorize HHC to commence its clearance procedure by making any investigation of my background deemed necessary. I give HHC permission to secure all necessary personal data from sources governmental and private. I further agree to cooperate in all phases of the clearance procedure and to pay any related fees.
3. I have completed the required forms and have answered all questions fully truthfully. I understand that any misrepresentation of material fact on these forms or any other documents submitted in connection with my service may result in my dismissal.
4. I hereby agree to hold HHC and the City of New York, its agencies, employees, and agents harmless with respect to any personal claims for damages, expenses or injuries that may arise should the above-mentioned procedure not be completed satisfactorily and my service terminated.
5. If my position requires a training program, I must successfully complete that training program. If my position requires a valid license, certification or permit, I must obtain and maintain such credential(s) on my own time.
6. I understand that I serve at the pleasure of the appointing officer and acquire no tenure or vested rights to a position. I understand that I may be terminated at any time, with or without cause.
7. I understand that failure to fulfill any of the above conditions may result in the revocation of my services and my immediate termination.
8. I understand this is an application only. This does not guarantee acceptance into the volunteer program
9. I hereby agree that, if accepted, my volunteer services are donated to Coney Island Hospital without contemplation of compensation.
10. I understand I must complete 150 hours, unless discussed otherwise, to receive verification or recommendation.

_____ _____/_____/_____

Signature **Date**

_____

Parent/ Guardian (If applicant is under 18 years of age)

_____

Program Director