



2022 Volunteer Application

Becoming part of the NUMC volunteer team is a process and has many steps. Please review all the information carefully as there are several requirements and procedures that should be considered. The following steps are required:

1. Complete the volunteer application
2. Complete the credit report/background check form
3. Review and sign the Commitment and Expectation form
4. Mail back the above information to the address listed below or email to mplotkin@numc.edu. Please do not drop off your application in person.
5. You will be contacted once your application has been processed and notified of interview dates through email.
6. Volunteers are required to make a minimum commitment of **100 hours** for the calendar year
7. At the interview you will be informed about how to complete the rest of the process for medical clearance and orientation schedule(s) if accepted
8. Please note that if you are accepted into the Volunteer Program you will need to have a health assessment with NUMC medical forms signed and stamped by your own healthcare provider. This form will be provided at the interview session
9. You must be fully vaccinated against COVID-19 in order to volunteer
10. Orientations are scheduled monthly.
11. Please note we cannot guarantee any positions in specific departments and have the right to change assignment at any time.
12. Please understand that a **shadowing program is not available through this office**

Completed Applications should be returned by mail to:
Nassau University Medical Center
Department of Volunteer Services
Box 8
2201 Hempstead Turnpike, East Meadow, NY 11554

We look forward to meeting you! If you have any questions please do not hesitate to contact Volunteer Services at 516-572-6588.

DEPARTMENT OF VOLUNTEER SERVICES
 NASSAU UNIVERSITY MEDICAL CENTER
 2201 HEMPSTEAD TURNPIKE
 BOX 8
 EAST MEADOW, NY 11554 (516) 572-6588



Adult/College Volunteer Application

2022 Adult Volunteer Application: Volunteering begins with a commitment. At Nassau University Medical Center we encourage all volunteers to serve at least 4 hours a week for at least 8 months. Before an assignment can be made, each volunteer must be interviewed, obtain medical clearance through NUMC Employee Health Center, attend an orientation program and complete a background check. Please print clearly and complete the entire application. Please be sure to provide an accurate and clear email address! THIS APPLICATION SHOULD BE COMPLETED BY THE APPLICANT!

NAME: LAST			MIDDLE INITIAL	FIRST	DATE
ADDRESS					HOME TELEPHONE #:
					CELL #:
CITY		STATE		ZIP	SOCIAL SECURITY #:
					YOU MUST PROVIDE A SS#

PLEASE LIST ANY RELATIVES OR FRIENDS WHO ARE EMPLOYEES OR VOLUNTEERS AT THE NASSAU UNIVERSITY MEDICAL CENTER (INCLUDE NAME, DEPARTMENT AND RELATIONSHIP.)

DATE OF BIRTH	EMAIL ADDRESS – PLEASE PRINT CLEARLY!	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF HOURS PER WEEK	SUPERVISOR:
JOB TELEPHONE #:	COMPANY NAME AND JOB TITLE:	

VOLUNTEER EXPERIENCE:
 SERVICE DATES, LOCATIONS, VOLUNTEER DUTIES

TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME
 RELATIONSHIP

EMERGENCY CONTACT PHONE # (HOME)	EMERGENCY CONTACT PHONE # (CELL)
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PERSONAL PHYSICIAN

ADDRESS AND TEL. #

WILL YOU BE DRIVING TO THE NASSAU UNIVERSITY MEDICAL CENTER: IF YES, PLEASE COMPLETE THE FOLLOWING:
 YES NO

MAKE OF CAR:	MODEL:	COLOR:	LICENSE PLATE NO.:	YEAR:
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ARE YOU UNDER MEDICAL TREATMENT OF ANY KIND:
 YES NO

IS YES, PLEASE EXPLAIN

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MIGHT AFFECT YOUR VOLUNTEERING?
 YES NO

IF YES, PLEASE EXPLAIN

PLEASE LIST FOREIGN LANGUAGES THAT YOU SPEAK FLUENTLY:

SPECIAL SKILLS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER WORK:

CLUBS OR ORGANIZATIONS TO WHICH YOU BELONG:

PLEASE IDENTIFY SPECIFIC TIMES WHEN YOU WOULD BE ABLE TO VOLUNTEER:
NOTE: You must be available for at least 4 hours per week
1) List all possible days available
2) List shift preference: 8am-12pm, 12pm-4pm or 4pm-8pm

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

ARE THERE ANY PARTICULAR DEPARTMENTS THAT INTEREST YOU?

Clerical Information Desk Pharmacy
 Clinics Mailroom PM&R
 Food & Nutrition Medical Records Radiology
 Employee Health Medical Units Intensive Care Units
 Emergency Room OT/PT Other _____

WHEN WILL YOU BE ABLE TO START?

WHY DO YOU WANT TO VOLUNTEER AT NASSAU UNIVERISTY MEDICAL CENTER?

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM AT NASSAU UNIVERSITY MEDICAL CENTER?

PLEASE INCLUDE 3 NON-RELATED REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>

I AGREE THAT AS A VOLUNTEER I WILL:
➤ FOLLOW THE COMMITMENT AND EXPECTATIONS OF THE NUMC VOLUNTEER PROGRAM
➤ ATTEND A MANDATORY TRAINING SESSIONS BEFORE I BEGIN TO VOLUNTEER

APPLICANT SIGNATURE:
X

DATE:

2022 Volunteer Application

Welcome to the Nassau University Medical Center (NUMC) Thank you for your interest in volunteer service. We feel that before you formally agree to volunteer at NUMC you should understand what is expected of you. Please consider this information as a basic guide to the commitment and expectations of all volunteers. More information is outlined in the Volunteer Orientation Manual.

1. As an NUMC Volunteer, one agrees to abide by the following and to accept and perform their volunteer duties following confidentiality guidelines as well as all mandatory HIPAA rules and regulations.
2. Volunteers must attend a mandatory orientation session before they begin volunteering. Orientations are offered monthly and include, but are not limited to, information on infection control, HIPAA regulations, etc.... These sessions must be completed yearly should you decide to stay on after your yearly service has completed.
3. Information regarding diagnosis and/or treatment of any patient receiving services from NUMC, whether inpatient or outpatient, should not be discussed or repeated. Searching for or disclosing any information found on patients' charts will be considered a breach of confidentiality.
4. Volunteers may not disclose the fact that a patient is or is not receiving services as a patient or an outpatient. If a person wishes for their neighbors, religious community, employers, or fellow employers to know they have been hospitalized or undergoing treatment, they must inform such persons themselves. Any disclosure of patient's status will be considered a breach in confidentiality.
5. Volunteers may not disclose information regarding financial status of any person who is a patient at or receiving treatment from NUMC. Searching for, or disclosing financial information about any patient, will be considered a breach in confidentiality.
6. If necessary, more intensive training will be provided by the department in which the volunteers will be working in.
7. Volunteers must punch in at the beginning of their shift and punch out at the end at the designated time clock.
8. Volunteers are expected to be dressed appropriately with their assigned uniforms and ID badges. Neatness, hygiene and professionalism are of the utmost importance. Jeans, shorts, leggings, open-toed shoes and other inappropriate attire are not permitted.
9. NUMC reserves the right to discontinue any volunteer to any particular department at any time if it is felt that your skills and ability would be better suited for a different volunteer opportunity. NUMC also reserves the right to discontinue participation in the volunteer program at any time. As a volunteer, one can be terminated for breach of confidentiality, failure to obey hospital rules and regulations, and for actions that are deemed not in the best interests of the hospital.
10. **After the completion of orientation all volunteers will be expected to make at least a 100 hour commitment over the course of the calendar year.**
11. It is our understanding in the NUMC Volunteer Department that volunteers often have busy schedules, but we do ask that if one should commit to any of our opportunities that they contact the Director Volunteer Services as soon as possible if they will be unable to attend or meet that commitment. Our volunteer's dependability, reliability and follow through are of the utmost importance.
12. All volunteers are asked to conduct themselves in a punctual, conscientious way, with dignity and respect for all patients, staff, visitors and people within the hospital and its grounds.
13. Volunteers are asked to abide by policies, procedures, supervision and directions of the Volunteer Services Department which includes all placements, schedules, assignments and responsibilities, etc....

14. Volunteers may not at any time participate in observation of clinical services; including but not limited to, direct patient care. A shadowing program is not offered through this office.
15. Volunteers at all times must uphold the standard, ethics and mission statement of the Nassau University Medical Center.
16. Volunteers are expected to wear a mask and protective eyewear or face shield at all time while on hospital grounds.
17. Volunteers must attend annual in-service trainings on “mandatory” topics as outlined in the Volunteer Orientation Program Manual.
18. Annually, all volunteers must receive a mandatory tuberculin skin test, at no cost through the Employee Health Center or from their own physician.
19. All volunteers must be fully vaccinated again COVID-19 and will need to show proof in order to obtain medical clearance.
19. All volunteers are expected and asked to maintain open communication with the Volunteer Services Department.
20. Volunteers must return their ID badge upon completion of their volunteer services.
21. There is a \$20 charge for the mandatory volunteer uniform and it must be worn when inside the hospital during scheduled volunteer hours.
22. As a volunteer one is expected to uphold the NHCC values at all times.
23. It is the policy of NuHealth to maintain an environment that insures equality of opportunity for all, where everyone is treated with respect and dignity and that is free from all forms of discrimination or harassment by anyone, including supervisors, patients, co-workers, students, volunteers, vendors or contractors. NuHealth will not tolerate unlawful discrimination, including harassment, based on a person’s race, color, religion, gender, sexual orientation, gender identity, marital or military status, age, national origin, genetic predisposition, and disability, status as victim of domestic violence or any other protected status.

- **CREATE A POSITIVE IMPRESSION**

First impressions are lasting impressions.

- **ANTICIPATE AND RESPOND**

Take the initiative to meet needs and exceed expectations.

- **RESPECT**

Value the opinion of others and appreciate each other’s contributions and diversity.

- **INTEGRITY AND COMPASSION**

We perform our jobs in an ethical manner, with honesty, sincerity, and compassion for others.

- **NEAT-CLEAN-SAFE**

We pride ourselves on providing a safe and healing environment.

- **GOING ABOVE AND BEYOND**

Set high standards and strive to be the best.

Volunteer Signature _____ Date _____

If you have any questions or concerns please feel free to discuss them with the Director of Volunteer Services at 516-572-6588. *Volunteers make a difference every day!*

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Adult/College Volunteer Application

NUHEALTH
FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION FOR
CRIMINAL BACKGROUND CHECK

Thank you for your interest in participating in the Volunteer Program at the Nassau Health Care Corporation (“NHCC”). Please read the following disclosure carefully and sign the authorization below:

In order to make a determination as to your suitability for the Volunteer Department with NHCC, NHCC will obtain from a “consumer reporting agency” a “consumer report” on you which details your criminal background. These terms are defined in the Fair Credit Reporting Act (“FCRA”), a Federal law which applies to you. As an applicant with NHCC, you are a “consumer” with rights under the FCRA.

BACKGROUND SCREENING Authorization

By signing below, I, _____, hereby voluntarily authorize NHCC to obtain from a “Consumer reporting agency” a “consumer report” about me detailing my criminal background. I understand that information obtained in the consumer report may be used by NHCC in making a program participation decision. I further understand that failure to consent to the release of a consumer report detailing my criminal background will render me ineligible for consideration at NHCC.

Signature

Date

I, _____, of my own free will, without any promises of immunity or coercion, agree to allow Nassau Health Care Corporation to conduct a criminal background investigation on myself in connection with my application at Nassau Health Care Corporation.

I hereby release, waive, and forever discharge each of the above named corporations, firms, their respective agents, employees and any of my former employers and all actions or cause of action, claim, demand or liability which I have now or may have resulting directly from conducting this background investigation.

First Name: _____ Middle Initial: _____

Last Name: _____

Street Address: _____

City _____ State _____ Zip _____

Driver’s License # _____ State _____

Date of Birth _____ Social Security _____

Signature: _____ Date: _____

Telephone: _____