

VOLUNTEER APPLICATION

Date: ___/___/___

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birthdate: ___/___/___

Fax _____ E-Mail: _____

Emergency Contact: _____ Relationship _____

Home Phone _____ Work Phone _____

If presently employed, name of employer _____

Position _____ Work Phone _____ Work hours & days _____

Address _____ Phone _____

Education Completed _____

Limitations Related to Health _____

Is volunteer work a requirement for school credit? _____ if so, number of hours required _____

Where did you hear about St. Luke's Cornwall Hospital Volunteer Program?

Have you ever been part of another volunteer program? Yes No

If yes, please describe _____

Hobbies / Special Interests _____

Please provide any other information you feel would be pertinent to your application: _____

Personal References:

Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Volunteer Opportunities:

- | | |
|---|---|
| <input type="checkbox"/> Administration Liaison | <input type="checkbox"/> Patient Care Liaison |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Patient Greeter |
| <input type="checkbox"/> Gift Shops | <input type="checkbox"/> Patient Navigator |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Rehab Centers |
| <input type="checkbox"/> New to You Boutique | <input type="checkbox"/> Valet |

Clerical Skills:

- Computer Filing Phone Receptionist
 Copier Librarian Record Updating Cashier
 Other (specify _____)

Additional Skills:

- Fund Raising Community Outreach Programs
 Writing Other (specify _____)

My preference to be a volunteer is at: Newburgh Campus Cornwall Campus

Hours and days available _____ Best time to contact you? _____

I will make a commitment of 50 hours (min of 4 hours per week) and abide by the policy and procedures set forth by St. Luke's Cornwall Hospital. The above information is accurate and correct to the best of my knowledge. Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided irrespective of religion, creed, race, national origin, age or sex

Signature _____ Date _____

Please mail the completed application along with the physical assessment form to:

**Attn: LaAsia Baldwin, Volunteer Department
 St. Luke's Cornwall Hospital
 70 Dubois Street
 Newburgh, NY 12550**

For Administration Use Only

Date: ___/___/___

Interview [] Yes [] No

Enroll: [] Yes [] No

Interviewed by: _____

Volunteer Physical Form

Last Name:		First Name:			DOB:	Age:	Date of Exam:
Job Title: Volunteer					Department:		
	YES	NO	Vital Signs		Snellen Vision	Corrective Lenses [] Yes [] No	
Latex allergy					Both: 20/		
Allergies			Weight:	RR:	Right: 20/		
			Height:	BP:	Left: 20/		
				Pulse:	Ishihara Color:	<input type="checkbox"/> WNL	<input type="checkbox"/> deficient
					Whisper Hearing @ 5 Ft.	<input type="checkbox"/> WNL	<input type="checkbox"/> deficient
Physical Examination			WNL	Abnormal Findings/Comments			
<i>General Physical Appearance</i>							
Head and Neck							
Mouth, Nose, Throat, Teeth							
Eyes							
Lymph Nodes and Ears							
Lungs							
Heart							
Abdomen							
Back							
Skin							
Neurological							
Extremities							
Notes:							

Two-step PPD

(The second step should be placed 7 to 21 days after the first PPD was read. A second step is not needed if applicant has documented results from any time during the last 12 months)

PP#1 Date Administered _____ Date Read: _____ Induration _____ mm

PP#2 Date Administered _____ Date Read: _____ Induration _____ mm

I have examined the above volunteer and found to the best of my knowledge that he/she is free from any physical or mental impairment which would impose a potential risk to patients or might interfere with the essential functions of his/her position, which may include the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or "substances" which may alter the individuals behavior.

Medically Qualified (which includes approval for Respirator N95 mask and Fit Test)

Date: _____

Physician Name: _____

Physician's Signature: _____ License Number: _____

Address: _____ Phone Number: _____

Please include all labs, reports and physical assessments to the completed volunteer application. The following is a list of items you will need to provide prior to volunteering at St. Luke's Cornwall Hospital:

REQUIRED

1. Complete Physical from your primary physician (***must be a recent physical conducted within the year***)
2. Rubella titer **OR** a record of 1 MMR vaccine
3. Rubeola titers **OR** a record of 2 MMR vaccines
4. Varicella Titer **OR** record of 2 Varicella vaccines
5. Mumps Titer **OR** record of 2 MMR vaccines
6. Documentation of a 2 Step Tuberculin Skin Test (PPD) (***one current Tuberculin Skin Test and another within last 12 months***) |

If you had a documented positive reaction to a previous TST/PPD, a recent copy of a chest x ray may be provided.

RECOMMENDED

- Date of last Tetanus and Diphtheria or Tetanus, Diphtheria and Pertussis vaccine. (*Recommended but not required*)
- Hepatitis B vaccine dates (*Recommended but not required*)

If you have any questions about the volunteer process please contact LaAsia Baldwin.

***LaAsia Baldwin
Volunteer Department
St. Luke's Cornwall Hospital
70 Dubois Street
Newburgh, NY 12550
(845) 568-2391***