

JUNIOR VOLUNTEER APPLICATION

Date: ____/____/____

Last Name: _____ First Name: _____

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

Home Phone: _____ Cell Phone: _____ Birthdate (mm/dd/yy): _____

E-Mail: _____

◆ Emergency Contact

Name: _____

Phone Number: _____

Relationship: _____

Alt. Phone Number: _____

◆ Academic Background

School you Attend: _____ City: _____ Grade: _____

Graduation Date _____

Counselor: _____ Languages you speak (other than English): _____

◆ Job/.Community Service Experience

Employer/Organization: _____ Position/Duties: _____ Total Hours Worked: _____

Work/Volunteer Experience: _____

Career Interests: _____

Hobbies/Skills/Special Interests: _____

◆ References

School Reference: Name: _____ Address: _____ Phone: _____

Please check areas of interest:

- Administration Offices
- Emergency Department
- Gift Shops
- New to You Boutique

- Patient Care Areas
- Pharmacy
- Physical Therapy
- Valet

Newburgh Campus

Cornwall Campus

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

Time Available:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

◆ **Physical and Medical Background**

Do you have any physical condition or medical problem, which may limit your ability to perform the work of a volunteer?

Yes No

If "yes" please explain: _____

◆ **Parent Consent for Program Participation**

I authorize the hospital to give emergency medical treatment to my son/daughter. I also give consent for my child's participation in the *Junior Volunteer Program* at St. Luke's Cornwall Hospital. I understand the State of New York regulations regarding Labor Laws (working papers are necessary).

 Signature of Parent or Guardian

 Date

I will make a commitment of 50 hours (min of 4 hours per week) and abide by the policy and procedures set fourth by St. Luke's Cornwall Hospital. The above information is accurate and correct to the best of my knowledge. I am aware that upon receipt of a SLCH Hospital volunteer shirt I am required to pay a fee of \$5.00.

 Applicant 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 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Enroll: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-----------------------------|-----|----------------------------|
| General Physical Appearance | | |
| 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: _____

Dear Parent/Legal Guardian:

In accordance with New York State Department of Health regulations, St. Luke's Cornwall Hospital requires all new volunteers/employees to have the following:

Pre-Placement physical including:

1. Health History
2. Physical exam
3. Determination of Tuberculosis (status which may require a tuberculin skin test or a chest x-ray if history of positive Tuberculin skin tests).

Since your child is under the age of 18, your consent to the above procedure is required. You will be notified of any abnormal results.

Please have available your child's immunization record or proof of immunity **including a record of tetanus vaccine and hepatitis vaccine** and this completed form to his/her scheduled appointment.

Should you have any questions regarding this information, please contact the Occupational Health Department at the numbers above.

Thank you.

I give St. Luke's Cornwall Hospital permission to perform a Pre-Placement Physical for my child.

Child's Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____

Relationship to Child: _____

Date: _____ Home Phone: _____

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