



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

VOLUNTEER DEPARTMENT APPLICATION PACKET

OFFICE HOURS
Tuesday – Thursday
9:30am – 3:00pm
Tel: (718) 869-7870

St. John's Episcopal Hospital
Volunteer Department Team
327 Beach 19th Street, 9th Floor
Far Rockaway, NY 11691
Tel: (718) 869-7870

The Rev. Dr. Cecily P. Broderick y Guerra, Vice President of Pastoral Mission
cbroderi@ehs.org



Volunteer Admission & On-boarding Process Check List

PHASE 1

People 18 years and older complete & submit application to the Volunteer Department in person or via E-mail: ganthony@ehs.org or cashwood@ehs.org, fax - 718-869-7754 or postal mail - Volunteer Department: 327 Beach 19th Street, 9th floor, Far Rockaway, NY 11691 [Tel:718-869-7870](tel:718-869-7870)

1. A complete application includes a resume and two references (using the forms).
2. Call the Volunteer Department to schedule a meeting to learn about the on-boarding process and discuss placement options: Mr. Anthony 718-869-7870 or Mrs. Ashwood at 718-869-7411.
3. Shortly after this meeting, you will receive a letter confirming your status.
4. Accepted applicants will move to **Phase 2** in the on-boarding process

PHASE 2

A Human Resources team member will call to set an appointment. Be sure to schedule your appointment for a date and time that work for you. Please take a state issued or valid student ID card to this appointment.

On your appointment day you will:

1. Undergo the pre-service physical;
2. Complete the Consumer Authorization Form to initiate a background check;
3. Receive a lab slip and directory of laboratories for drug testing (Please note this test ***must*** be completed within 48 hours of receiving the slip!); and
4. Receive the Worker's Compensation Acknowledgement Form and Code of Conduct Form.

PHASE 3

Hospital Orientation

1. A member of the Human Resources Department registers cleared applicants for the mandatory 2 day Hospital Orientation (this takes place once or twice a month on Monday & Tuesday from 8:45am-4:15pm).
2. On the first day of Orientation, a Human Resources team member will issue your hospital ID and enroll you into KRONOS.
3. On the second day of Orientation a Volunteer Department (located on the 9th floor) team member will
 - a. Confirm department placement;
 - b. Issue meal cards; and
 - c. Arrange computer access (for those whose placement it is required).



Service Covenant

Welcome to the St. John's family:

We are delighted by your interest in serving at St. John's Episcopal Hospital. Our patients and their loved ones, staff and board members are grateful for the gift of your time and talent.

Please find attached the information needed to get started to volunteering at St. John's Episcopal Hospital:

- 1. Volunteer application
- 2. (Two) Reference form

The hospital requires volunteers to comply with all hospital policies and with policies of agencies that regulate our services. Individuals who are accepted in to the volunteer program will be required to complete the onboarding clearance process. Once cleared, volunteers will be trained, and serve side by side with hospital staff; receive access to free hospital parking; free meals on their service days and certificate of service upon completion. In return, the hospital requires a minimum of 100 hours of service within 9 months of admission. This is equal to approximately 3 hours of weekly service.

Please understand that failure to complete 100 hours means the hospital will not supply you with a certificate of service, references or hours count to potential employers or education institutions. Failure to comply with hospital policies may result in dismissal from the program.

For more information, please call George Anthony at (718) 869-7870 or Camille Ashwood-Swaby at (718) 869-7411.

We ask that you please sign this covenant to acknowledge receipt.

Volunteer Signature

Print name

SJEH Signature: _____



VOLUNTEER APPLICATION

NAME: _____ AGE: _____ DOB: _____
Last First

ADDRESS: _____
City State Zip

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

HOBBIES, EDUCATIONAL & TRAINING INTERESTS: _____

WHAT DAYS WOULD YOU LIKE TO VOLUNTEER? (Please note a minimum of 100 hrs is required on an annual basis)

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

HOURS AVAILABLE: _____ DATE AVAILABLE TO BEGIN: _____

FOREIGN LANGUAGE PROFICIENCY: [] YES [] NO [] READ [] SPEAK [] WRITE

LANGUAGE(S): _____

EMERGENCY CONTACT: _____ TEL #: _____
Name/Relationship

PLEASE DESCRIBE YOUR PERSONAL INTEREST IN VOLUNTEERING BELOW, AND DEPARTMENT(S) OF INTEREST, AND SUBMIT TWO LETTERS OF REFERENCES AND A RESUME

Multiple horizontal lines for writing the volunteer's interest and references.

Volunteer Signature _____ Date _____



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Please return this form to the
St. John's Episcopal Hospital Volunteer Department
Tel: 718-869-7870 Fax: 718-869-7754

CONFIDENTIAL PROFESSIONAL/PERSONAL REFERENCE

Applicants Name: _____

The person named above is completing an application for volunteer service at St. John's Episcopal Hospital and has listed you as a personal/professional reference. Please complete and return this form at your earliest convenience. Your cooperation is greatly appreciated.

Thank you in advance.

The Rev. Dr. Cecily Broderick y Guerra, VP for Mission

Please evaluate the applicant on the following points:

SJEH Core Values

Innovation: Generating new ideas and methods to further the mission of excellence in the provision of high quality care.

Above Expectation At Expectation Below Expectation

Compassion: Demonstrating kindness and concern in the care of patients, care of families, care of colleagues, care of self and care of community.

Above Expectation At Expectation Below Expectation

Accountability: Accepting responsibility for the work we do, the actions we take and the words we use.

Above Expectation At Expectation Below Expectation

Respect: Projecting genuine concern for diversity and the attributes, qualities and achievements of others.

Above Expectation At Expectation Below Expectation

Empathy: Seeking to understand the feelings of others.

Above Expectation At Expectation Below Expectation

Do you recommend this applicant as a qualified individual to accept volunteer responsibility in a hospital?

Why/Why not?

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Signature _____ Date _____

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