



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

VOLUNTEER DEPARTMENT

INTERNSHIP APPLICATION PACKET

OFFICE HOURS
Monday - 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
Camille Ashwood-Swaby, Guest Relations Department/Volunteer Offices
Volunteer@ehs.org



Intern Admission & On-boarding Process Check List

Phase 1

People from an institution affiliated with the hospital complete & submit application to the Volunteer Office in person or via e-mail: Volunteer@ehs.org, phone 718-869-7870, fax - 718-869-7754 or postal mail: Volunteer Department, 327 Beach 19th Street, 9th floor, Far Rockaway, NY 11691

1. A complete application includes a resume and two references (using the forms provided in the application).
2. Call the Volunteer Office to schedule a meeting to learn about the on-boarding, placement service guidelines Mrs. Ashwood at 718-869-7419.
3. To this meeting, bring the internship course, preceptor responsibilities and intern duty descriptions along with any other forms that will need to be completed by the hospital or preceptor.
4. If applicable, provide proof of insurance, licensing and certificates of competency to the Volunteer Office.
5. Once a department sponsor and preceptor are identified, you will receive a communication confirming your admission and placement.

Phase 2

Admission and placement as an intern is contingent upon the results of a physical examination, drug test and a criminal background check. The medical report shall be maintained in the Employee Health Services Department and be treated confidentially.

A Human Resources team member will call or email 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. Receive a Medical Clearance Packet. Take this to your medical practitioner. Please make sure he or she executes each step presented on the cover of the packet. Things to remember:
 - a. Make sure your practitioner draws blood to test for immunity & attach lab results;
 - b. Make sure your practitioner completes, signs, and provides license number on pages 9 to 11
 - c. Include proof of flu shot, PPD test and immunization record; and
 - d. have all other forms completed and signed by the intern.
2. Return the Medical forms to the Human Resources Department.
3. Complete the Consumer Authorization Form to initiate a background check; Human Resources initiates the background investigations. A third party under contract by EHS conducts investigations. Investigations may include obtaining reports from several agencies.

4. Receive a lab slip and directory of laboratories for drug testing (Please note this test ***must*** be
5. completed within 48 hours of receiving the slip!); and
6. Receive the Worker's Compensation Acknowledgement Form and Code of Conduct Form.
7. Hospital employees who wish to pursue an internship here must secure written consent for their Department Director. This consent will be vetted by Human Resources Dept.

Phase 3

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, visit the Volunteer Office (located on the 9th floor).
 - a. If your duties require computer access, this will be arranged through the Volunteer Office.

Department On-Boarding Process

1. Participate in department specific orientation.
2. Finalize service schedule with preceptor.
3. Complete the biometric process
4. Communicate schedule to Volunteer Office.

Phase 4

Service

1. Turn in copies of completed attendance record, journal of duties, et al. to the Volunteer Office weekly.
2. Communicate changes in service schedule the Volunteer Office immediately.
3. Complete Volunteer Office service evaluation form annually or prior to completion of internship.
4. Make sure preceptor provides copies of documents submitted to the school to the Volunteer Office.
5. Comply with all hospital policies and procedures.
6. Be aware that your service schedule maybe suspended during visits by regulatory agencies or the hospital/department is unable to fulfill the schools requirements for your internship.
7. Bring all concerns, questions or complaints about the internship to the Volunteer



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.

This application is for Interns (*outside Medical Graduate Education Program*). Interns are people enrolled in schools contracted to send students to serve at the hospital. The school faculty and hospital staff jointly supervise the service of Interns and define the duties of Interns.

Individuals who are accepted will be trained and serve side by side with hospital staff. 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. The hospital requires Interns to comply with all hospital policies and with policies of agencies that regulate our services. Submit copies of all documents sent to school to the Volunteer Office for temporary survey and our records.

St. John's Episcopal Hospital (the "Hospital") experiences periodic visits from regulatory agencies (such as The Joint Commission, New York State Department of Health, the Center for Medicaid and Medicare and the Office of Mental Health). Our experience indicates that the Hospital will receive no prior notice from these agencies about the date; the surveyors typically arrive unannounced.

Should such a visit occur during the internship, we request that interns not be present on the Hospital campus. Extra days will be scheduled to make up for any lost time. Failure to comply with hospital policies may result in dismissal from the program.

For more information, please contact the Volunteer office at (718) 869-7870 or via email Volunteer@ehs.org.

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

Intern Signature _____ Date _____
Print name

School Advisor Signature _____ Date _____
Print name

SJEH Signature: _____ Date Received _____



INTERNSHIP APPLICATION

NAME: _____ AGE: _____ DOB: _____
Last First

ADDRESS: _____
City State Zip

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

HOBBIES, EDUCATIONAL & TRAINING INTERESTS: _____

WHAT DAYS ARE YOU AVAILALBLE TO SERVE? *(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 PROFICIENY: YES NO READ SPEAK WRITE

LANGUAGE(S): _____

EMERGENCY CONTACT: _____ TEL #: _____
Name/Relationship

PLEASE COMPLETE AND SUBMIT APPLICATION WITH TWO LETTERS OF REFERENCES AND A RESUME

INTERNSHIP

ADVISOR _____ SCHOOL: _____
First Name Last Name

ADDRESS: _____
City State Zip

PHONE: _____ EMAIL ADDRESS: _____

Intern Signature _____ Date _____



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St. John's Episcopal Hospital Volunteer Office
Tel: 718-869-7870 Fax: 718-869-7754

CONFIDENTIAL PROFESSIONAL/PERSONAL REFERENCE

Applicants Name: _____

The person named above is completing an application for internship 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.

Manager, Guest Relations Department

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 internship 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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