



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

YOUTH VOLUNTEER

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



Youth Volunteer Admission & On-boarding Process Check List

Phase 1

People under 18 years of age or from an institution affiliated with the hospital complete & submit application to the Volunteer Department via e-mail: Volunteer@ehs.org or fax - 718-869-7754 or postal mail c/o 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). Youth Volunteers are encouraged to use the Career Building form if they do not have a resume.
2. Call the Volunteer Office to schedule a meeting to learn about the on-boarding process and discuss placement options: 718-869-7870
3. Shortly after this meeting, you will receive a letter confirming your status.

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 have your parent/guardian take a state issued valid driver license and student ID card to this appointment. On the appointment day, you will:

1. Receive Medical Clearance Packet. Take this to your medical practitioner to complete. Please make sure he or she execute 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 volunteer or (for those under 18) their guardian or parent.
2. Return the Medical forms to Human Resources Department.
 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!)
 4. Receive the Worker's Compensation Acknowledgement Form and Code of Conduct Form.

Phase 3

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. Complete your biometrics
 - b. Confirm department placement;
 - c. Issue meal cards; 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. Onboarding Checklist
2. Volunteer application
3. Reference form

This application is for Youth Volunteers. Youth Volunteers are students enrolled in academic or technical schools seeking to gain work experience by serving in the hospital. The director of the department in which they serve defines the duties of the Volunteers. An adult must accompany applicants under the age of 18 and complete an application and the on-boarding process.

Individuals who are accepted will be trained, serve side by side with hospital staff, will receive a 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. The hospital requires Youth Volunteers and their escorts to comply with all hospital policies and with policies of agencies that regulate our services.

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 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.

_____ Date _____
Youth Signature *Print name*

_____ Date _____
Parent/Guardian Signature *Print name*

SJEH Signature: _____ Date Received _____

YOUTH VOLUNTEER 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 AVAILABLE TO VOLUNTEER? *(Please note a minimum of 100 hrs is required on an annual basis)*

MON _____ TUES _____ WED _____ THURS _____ FRI _____

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 OR CAREER BUILDER WORKSHEET.

Volunteer Student Signature _____ Date _____

YOUTH VOLUNTEERS

ADVISOR _____ SCHOOL: _____
First Name Last Name

ADDRESS: _____
City State Zip

PHONE: _____ EMAIL ADDRESS: _____



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

**PARENTAL PERMISSION FORM AND AUTHORIZATION FOR EMERGENCY MEDICAL
OR SURGICAL TREATMENT OF JUNIOR VOLUNTEERS**
(Ages 16-17 Only)

I _____ am the parent and/or legal guardian for
_____ and I hereby grant permission for my son/daughter to volunteer at St.
John's Episcopal Hospital.

Further, in the event of my absence or unavailability, I authorize by signature any emergency medical
or surgical treatment for illness or injury incurred by him/her, which may be deemed necessary by the
responsible examining physician of the Hospital.

Print Parent/Guardian's Full Name

Parent/Guardian Signature

Date

Notary Stamp and Signature **(REQUIRED)**

Career Builder Worksheet

Name: _____

Phone: _____

Address _____

What Do You Want To Be When You Get Older and Why?

What Are Your Interests?

I like to use computers for school and homework.

I like to play team sports.

I like playing individual sports.

I enjoy reading and writing

I like drawing, art or music.

Other: _____

What Responsibilities Have You Had?

I help watch younger siblings or baby-sit for others.

I do volunteer work through church, scouts, helping elderly neighbors, or other ways.

I do well in school while having many outside activities and interests.

I behave in a way, which sets a good example for friends, siblings and children younger than I do.

Other: _____

What Is Your Best School Skill? (Choose 1)

I do well in math and science.

I do well in reading and writing

I do well in social studies.

I do well in many different subjects.

Special Achievements



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.

Manager, Guest Relations Department/Volunteer Office

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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ST. JOHN'S EPISCOPAL HOSPITAL

EPISCOPAL HEALTH SERVICES INC.

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