



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

VOLUNTEER DEPARTMENT

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



Volunteer Admission & On-boarding Process Check List

Phase 1

People 18 years and older complete & submit application to the Volunteer Department via Volunteer@ehs.org, fax - 718-869-7754 or postal mail – c/o Volunteer Department: 327 Beach 19th Street, 9th floor, Far Rockaway, NY 11691 Tel: 718-869-7870

1. A complete application includes a resume and two references (using the forms provided).
2. Call the Volunteer Office to schedule a meeting to learn about the on-boarding, placement service guidelines: Mr. Anthony 718-869-7870 or Mrs. Ashwood at 718-869-7419.
3. 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. Once a department sponsor and preceptor are identified, you will receive a letter confirming your admission.

Phase 2

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;
4. 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
5. 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, visit the Volunteer Office (located on the 9th floor).
 - a. If your duties require computer access, this will be arranged through the Volunteer Office.
 - b. Receive vest or jacket issued to interns.

On-Boarding Process

1. Participate in department specific orientation.
2. Finalize service schedule with preceptor.
3. Communicate schedule to Volunteer Office.



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 Volunteers. Volunteers are people seeking to gain work experience by serving in the hospital. The director of the department in which they are placed defines the duties of volunteers. Individuals who are accepted, to this program will be trained, serve side by side with hospital staff, receive access to hospital parking, receive free meals on their service days and will be issued a certificate of service upon completion. In return, the hospital requires 100 hours of service within 9 months of admission. This is equal to approximately 3 hours of weekly service. The hospital requires volunteers to comply with all hospital policies and with policies of agencies that regulate our services.

Failure to complete 100 hours means the hospital cannot supply you with a certificate of service, references or hours count to potential employers or education institutions. Failure to comply with 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.

Volunteer Signature

Print name

SJEH Signature: _____

Date _____



ST. JOHN'S EPISCOPAL HOSPITAL

EPISCOPAL HEALTH SERVICES INC.

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, DEPARTMENT(S) OF INTEREST, AND SUBMIT TWO LETTERS OF REFERENCES AND A RESUME

Multiple horizontal lines for writing the volunteer's response to the request for interest, department, references, and resume.

Volunteer Signature _____ Date _____



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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