



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
Pastoral Care, Volunteer & CPE Departments
327 Beach 19th Street, 9th Floor
Far Rockaway, NY 11691
Tel: (718) 869-7411 Office Coordinator
The Rev. Dr. Cecily P. Broderick y Guerra, Vice President of Pastoral Mission
cbroderi@ehs.org
Office: (718) 869-7835 & Cellular: (516) 287-7689



Admission & On-boarding Process Check List

- ___ Complete & submit application to the Volunteer Department by
e-mail - cashwood@esh.org, fax - 718-869-7754
or postal mail - Volunteer Department
327 Beach 19th Street, 9th floor
Far Rockaway, NY 11691

- ___ Applicants who want to observe clinical staff, please ask for a copy of Shadowing Policy and submit the required letter of intent.

- ___ Volunteer and Student applicants must schedule an interview & Intern applicants must call to receive instructions regarding the on-boarding process: 718-869-7870, ask for Ms. Ashwood.

- ___ Complete & submit medical clearance forms to the Volunteer Department
Things to remember:
 1. make sure your practitioner draws blood to test for immunity & attach lab results;
 2. make sure your practitioner completes, signs, and provides license number on pages 9 to 11; and
 3. have all other forms completed and signed by the volunteer or (for those under 18) their guardian/parent.

- ___ Call the Volunteer Department to check on status of medical clearance

- ___ Once medically cleared set an appointment with Human Department 718-869-7650
 1. applicants 18 years and old must bring a valid state identification and complete background check forms
 2. all applicants will 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!

- ___ The Volunteer Department will register you for the mandatory Hospital Orientation (this takes place once or twice a month on Mondays from 8:45am-3:30pm).

- ___ on Orientation day please report to the Volunteer Department to
 1. secure hospital badge
 2. placement and (if required)
 3. registration for computer access



ST. JOHN'S EPISCOPAL HOSPITAL
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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, Interns and Students. Interns are people enrolled in schools contracted to send students to serve at the hospital. The service of Interns is jointly supervised by school faculty and hospital staff. The duty of Interns is defined by the school and hospital. Students are people enrolled in or recently graduated from academic or technical schools seeking to enhance their skills by serving in the hospital. The duties of Students and Volunteers are defined by the director of the department in which they are placed. Applicants who want to observe a hospital professional must request a copy of the Shadowing Policy and comply with its directions. Applicants under the age of 14 must be accompanied by an adult. Their adult escort must also complete an application and the on-boarding process.

Individuals who are admitted 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, Interns, Students and escorts 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 call Camille Ashwood-Swaby, Volunteer Coordinator at (718) 869-7411. We ask that please sign this covenant to acknowledge receipt.

Date

Volunteer/Intern Signature

Print name

Parent/Guardian Signature

Print name

SJEH Signature: _____



ST. JOHN'S EPISCOPAL HOSPITAL

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APPLICATION

Check one: ___ Volunteer Applicant; ___ Student Applicant; or ___ Intern Applicant.

NAME: _____ AGE: _____ DOB: _____
First Last

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, TWO LETTERS OF REFERENCES AND A RESUME.

Volunteer/Intern Signature

Date



ST. JOHN'S EPISCOPAL HOSPITAL
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**PARENTAL PERMISSION FORM AND AUTHORIZATION FOR EMERGENCY MEDICAL
OR SURGICAL TREATMENT OF JUNIOR VOLUNTEERS**
(Ages 13-17 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)**



ST. JOHN'S EPISCOPAL HOSPITAL

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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: _____

Dear _____ ;

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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