

**ROCHESTER**  
**REGIONAL HEALTH**  
EASTERN REGION

**Newark-Wayne Community Hospital**  
**P.O. Box 111**  
**1200 Driving Park Ave**  
**Newark, NY 14513**  
**(315) 332-2022**

**DeMay Living Center**  
**100 Sunset Drive**  
**Newark, NY 14513**  
**(315) 332-2700**

Dear Prospective Volunteer:

Thank you for your interest in the volunteer program at Newark-Wayne Community Hospital and DeMay Living Center! Volunteers are very special team members on our campus, and provide many needed services in such areas as the Women's Care Unit, the Mulberry and DeMay Gift Shops, Therapeutic Recreation, Adult Day Health Care, Pre-Admission Testing and many other areas.

Volunteering at Newark-Wayne Hospital or DeMay Living Center is an individual commitment. Some volunteers work one, two, or three times a week; others commit to once or twice a month. Your schedule will depend on your availability and the needs of the volunteer positions that interest you. Please fill out the attached volunteer application and return it to the Volunteer Office (address below).

In addition, the New York State Department of Health requires that all volunteers meet established health and education mandates prior to placement and that they be updated annually. The needed education will be covered with the orientation materials, and our Employee Health staff (315-332-2423) can answer any questions you might have about your medical clearance.

If you have any questions about our volunteer programs, please feel free to contact me. Again, thank you for your interest in the Newark-Wayne Community Hospital and DeMay Living Center Volunteer Programs.

Sincerely,

Marie Burnham  
Manager of Volunteer Resources  
Newark-Wayne Community Hospital & DeMay Living Center  
P.O. Box 111  
1200 Driving Park Ave.  
Driving Park Avenue  
Newark, NY 14513

[marie.burnham@rochesterregional.org](mailto:marie.burnham@rochesterregional.org)

phone: 315-332-2273  
fax: 315-332-2388

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## **APPLICATION INSTRUCTIONS**

Thank you for considering volunteering your time and talent at Newark-Wayne Community Hospital and/or DeMay Living Center! Through our on-boarding process, we strive to prepare volunteers for an acute care hospital or nursing home setting, to emphasize a strong commitment to customer service and patient satisfaction, and to protect the patients and community that we serve.

### **Steps for Prospective Volunteers:**

1. Complete and submit application to Newark Volunteer Office (address below).
2. Interview; bring photocopy of ID; pick up Orientation packet.
3. Criminal background check submitted by Volunteer Office.
4. Complete health screening process, sending required documents to Employee Health for medical clearance and follow up with appointment at Employee Health (address below).
5. Return completed Orientation packet at follow-up meeting with Volunteer Office.
6. Obtain ID badge and volunteer uniform.
7. Placement in host department.
8. Train in host department for your volunteer position.

### **Application Submission Addresses:**

1. Send completed application to:

Marie Burnham, Manager of Volunteer Resources  
Newark-Wayne Community Hospital & DeMay Living Center  
P.O. Box 111  
1200 Driving Park Ave.  
Newark, NY 14513

2. Send medical documents to:

Employee Health Services  
Newark-Wayne Community Hospital & DeMay Living Center  
P.O. Box 111  
1200 Driving Park Ave.  
Newark, NY 14513

For any questions regarding these forms or procedures, please contact the Manager of Volunteer Resources, Marie Burnham, at [marie.burnham@rochesterregional.org](mailto:marie.burnham@rochesterregional.org) or 315-332-2273.

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**VOLUNTEER APPLICATION**  
---- Please print ----

**CONTACT INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Last)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HAVE YOU EVER APPLIED TO RRH BEFORE?  YES  NO

IF YES, WHEN: \_\_\_\_\_ FOR WHAT POSITION: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES THAT WORK FOR RRH?  YES  NO

IF YES, NAME(S): \_\_\_\_\_ RELATIONSHIP(S): \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
(Name) (Telephone #)

RELATIONSHIP TO YOU: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Name of Most Recent Employer/Volunteer Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Length of Employment/Volunteer Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of Previous Employer/Volunteer Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Length of Employment / Volunteer Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

**EDUCATIONAL HISTORY** (Complete all that apply):

High School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_ Major/minor \_\_\_\_\_ Grad: \_\_\_\_\_  
year

**REFERENCES:**

1) PERSONAL REFERENCE: \_\_\_\_\_  
(Local non-relative) (Name) (Telephone #)

PERSONAL REFERENCE ADDRESS: \_\_\_\_\_

2) PERSONAL REFERENCE: \_\_\_\_\_  
(Local non-relative) (Name) (Telephone #)

PERSONAL REFERENCE ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO IF YES, DESCRIBE IN FULL:

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL RESTRICTIONS**, if any: \_\_\_\_\_

**TIMES AVAILABLE:** MORNING AFTERNOON EVENING

**DAYS AVAILABLE:** MON TUE WED THU FRI SAT SUN

**VOLUNTEER AREAS OF INTEREST**

Clerical/Administrative	_____	Gift Shop	_____
DeMay Living Center	_____	Transportation	_____
Patient Interaction	_____	Plant Care	_____
Emergency Department	_____	Spiritual Care	_____
Knit/Crochet/Sew	_____	Greeter	_____
Music	_____	Patient Visitor	_____
Events	_____	Escort	_____

- I understand that any falsification of information on this application may result in immediate termination of the application process or volunteer position with Rochester Regional Health.
- I authorize the Volunteer Department to contact my references.
- I understand that my acceptance as a volunteer is contingent upon my passing NYS health requirements.
- I understand that a volunteer is expected to observe confidentiality with respect to all patient information at all times, and that failure to do so may result in my personal liability to the patient and/or the hospital.
- I understand that I must complete orientation and mandatory education, including annual updates.
- I understand that my service to any affiliate of Rochester Regional Health is voluntary and not an offer of employment, will not be compensated, and may be terminated by the facility or by the Volunteer Department at their sole discretion at any time, without prior notice.
- Upon retiring from volunteering, I will return my ID badge and uniform to the Newark Volunteer Office.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature** (if applicant is under 18 years of age) **Date** \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN THE NWCH / DLC VOLUNTEER PROGRAM ☺

**RBA STAFFING REFERENCE CHECKING  
FOR VOLUNTEERS**



**AUTHORIZATION OF DISCLOSURE**

All information provided by me as part of my application to be a volunteer is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection of being a volunteer or if already accepted, in my discharge.

I understand and agree that as part of its evaluation of my suitability for volunteering, **Newark-Wayne Community Hospital and DeMay Living Center (NWCH/DLC)** should receive freely information and opinions about my educational background, previous work experience and work-related qualifications, behavior and character.

I therefore, knowingly and voluntarily, authorize and consent to the disclosure of information and opinions concerning me contained in files of the educational institutions I have attended, personnel files of my current and former employers and other individuals including personal and professional references to RBA Staffing acting on behalf of **NWCH/DLC**.

I consent specifically to the release of any information and opinions by my current and former educators and employers about my education or work by their agents and employees to RBA Staffing acting on behalf of **NWCH/DLC**. I also authorize RBA Staffing to access financial and credit records available through credit agencies or bureaus, criminal background inquiries, public records and public record databases and driving records. I also authorize and consent to the disclosure by RBA Staffing to **NWCH/DLC** of any information and opinions it obtains about me. I understand that if I would like additional information about the investigation that may be done by RBA Staffing, I should contact RBA Staffing, 150 State St., Rochester, New York 14614, in writing.

This authorization, in original or copy shall be valid for this and any future reports and updates that may be requested. These reports may be attained at any time after the receipt of my authorization if I am accepted by **NWCH/DLC**, throughout my volunteering. I intend that a copy of this Authorization be as valid as the original.

I also understand that the information I provide regarding my date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

<b>Applicant Name PRINTED (First Name, MI, Last Name)</b>	<b>Social Security Number</b>	
<b>Other Last Names/Alias/AKA's used in last 7 years</b>	<b>Applicant Date of Birth</b>	<b>Date</b>

Please list all **counties** that you have lived in within the last seven (7) years including the current one.

<b>County (or City, if unknown)</b>	<b>State</b>	<b>Years of Residency</b>	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

\_\_\_\_\_  
Parent/Guardian Signature  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Applicant Signature

**RBA STAFFING REFERENCE CHECKING  
RELEASE OF CLAIMS**



I understand that the information and opinions concerning me disclosed to RBA Staffing, and from RBA Staffing to **Newark-Wayne Community Hospital and DeMay Living Center (NWCH/DLC)** may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, RBA Staffing, and their respective agents and employees, and all other individuals and entities providing information, from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorneys fees, which have arisen or may arise in the future related to the information and opinions provided to RBA Staffing and from RBA Staffing to **NWCH/DLC**.

I understand that my execution of this Release is a condition of my being considered for volunteering by **NWCH/DLC**. My execution of this Release is for the benefit of **NWCH/DLC**, my former educators and employers, and RBA Staffing, and to assure that they are free to disclose information and opinions about me.

I intend that a copy of this Release be as valid as the original.

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Applicant Name PRINTED

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Applicant Signature

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Birth Date

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Social Security Number

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Date

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Parent/Guardian Signature (if applicant is under 18 years of age)

# Rochester Regional Health

## Service Standards of Performance

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### **Service**

- Respond in a timely manner
- Do what you say you're going to do
- Keep customers informed
- If you do not know...find out
- Recognize each other's achievements and efforts

### **Teamwork**

- Be a good listener
- Actively participate
- Coach, mentor and support professional growth & development
- Assist coworkers and offer encouragement
- Acknowledge & welcome new colleagues

### **Attitude**

- Smile and speak positively through verbal and non-verbal communication
- Acknowledge everyone immediately
- Address concerns at the appropriate time and place
- Embrace change with optimism
- Focus on the positive
- Be an ambassador for the organization
- Begin and end each encounter on a positive note

### **Respect**

- Protect privacy and confidentiality
- Use "Please" and "Thank You"
- Take pride in the organization
- Be sensitive to surroundings and situations
- Understand, value and embrace each other's differences
- Adhere to the established dress code policy

### **Safety**

- Report unsafe situations and practices and take appropriate action
- Follow policies and procedures
- Know your environment
- Maintain a clean and clutter free environment

***I understand the Rochester Regional Health Service Standards and the above behaviors associated with them. I accept responsibility for supporting, delivering and role modeling these behaviors in my volunteer work at Newark-Wayne Community Hospital and/or DeMay Living Center.***

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PERSONAL STATEMENT OF INTENT

1. Why did you select Newark-Wayne / DeMay Living Center for your volunteer work?

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2. What would you like to gain from this experience?

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3. In what way will Newark-Wayne / DeMay Living Center benefit from your volunteering?

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4. Describe any special skills or languages that you feel will be helpful as a volunteer:

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5. Are there any special considerations that you would like us to keep in mind when reviewing your volunteer application?

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# SKILLBANK (Please check all that apply.)

\_\_\_\_\_  
Last name, First name

## BUSINESS PROFESSIONALS

- Business planning consultant
- Certified public accountant
- Customer Service
- Employment counselor
- Human resource specialist
- Retail Sales
- Strategic planning consultant
- Other \_\_\_\_\_

## COSMETOLOGY TRADES

- Hair stylist
- Makeup artist
- Manicurist
- Other \_\_\_\_\_

## ARTS & ENTERTAINMENT

- Acting
- Clowning
- Face painting
- Juggling
- Musical Instrument (type: \_\_\_\_\_)
- Singing
- Storyteller
- Other \_\_\_\_\_

## ADMINISTRATIVE SUPPORT

- Bookkeeping
- Computer system design
- Data entry
- Filing
- General office assistance
- Mailings
- Receptionist
- Spreadsheets
- Telemarketing
- Word processing
- Other \_\_\_\_\_

## HEALTH & MEDICAL SERVICES

- Home health assistance
- Nurse or Physician (type: \_\_\_\_\_)
- Nutritionist
- Physical therapist
- Spiritual Care
- Other \_\_\_\_\_

## NATURAL RESOURCES

- Environmental education
- Gardening/horticulture
- Landscape architect
- Recycling
- Other \_\_\_\_\_

## GENERAL ASSISTANCE

- Companion/visiting
- Telephone reassurance
- Transportation/driver
- Other \_\_\_\_\_

## COMMUNICATION

- Calligraphy
- Foreign language (language: \_\_\_\_\_)
- Graphic design
- Marketing/promotion
- Multimedia production
- Newsletter/brochure
- Publishing
- Photography
- Public Relations
- Public Speaking
- Tour guide
- Video production
- Writing
- Other \_\_\_\_\_

## EDUCATION

- Day care aide
- Elementary school teacher
- ESL Instructor
- GED instructor
- High school tutor
- Librarian
- Life skills instructor
- Literacy instructor
- Mentor
- Middle school tutor
- Parenting skills instructor
- Special education
- Other \_\_\_\_\_

## NONPROFIT ADMINISTRATION

- Fundraising
- Grant writing
- Special event planning
- Volunteer recruitment and training
- Other \_\_\_\_\_

## HAND CRAFT SKILLS

- Arts and crafts
- Ceramics/pottery
- Crochet
- Knit
- Sewing
- Woodworking
- Other \_\_\_\_\_

## CORPORATE TRAINING

- Cultural sensitivity
- Customer Service
- Facilitator
- Leadership development
- Management skills
- Motivational
- Stress management
- Team building
- Time management
- Other \_\_\_\_\_

