

ROCHESTER
REGIONAL HEALTH
Newark-Wayne
Community Hospital

Dear Prospective Summer Student Volunteer Intern:

Thank you for your interest in the Newark-Wayne Community Hospital & DeMay Living Center Summer Student Volunteer Internship program. Please fill out the attached application and return it to the Newark Volunteer Office (address below).

You will potentially work with patients/residents, their families and visitors. In preparation for this, we require current immunizations, references, and a criminal background screening to ensure, to the best of our ability, your safety and the community's safety. More details can be found on the following page.

If you have any questions, please feel free to contact me.

Sincerely,

Mrs. Marie Burnham

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

marie.burnham@rochesterregional.org

phone: 315-332-2273

fax: 315-332-2388

attach. – SI

APPLICATION INSTRUCTIONS

Steps Required:

1. Submit completed application to Newark Volunteer Office (address below).
2. Interview at Newark Volunteer Office. Bring a photocopy of ID with you.
3. Medical clearance – submit copy of immunizations including MMR, one PPD within last year, and flu shot in flu season to Newark Volunteer Office.
4. Newark Volunteer Office will submit criminal background check if 16 years of age or older.
5. Receive notification regarding placement.
6. Attend Summer Student Volunteer Internship Program Orientation.
7. Bring in student ID card for use while interning, and pick up flu badge (in flu season) at Orientation.
8. Rent or borrow volunteer uniform at Orientation.
9. Intern in assigned department under staff supervision.
10. Afterwards: participate in program evaluation and return volunteer uniform to Newark Volunteer Office.

Application Submission Procedure:

1. Complete pages 3-9 of the Application and sign where indicated.
2. Give “LETTER OF REFERENCE FORM” (pages 10 & 11) to two current school employees (any paid teacher, coach, guidance/career counselor, school counselor, etc.) to be sent back separately. Include a stamped #10 (business-size) envelope with each form, addressed to:

Mrs. Marie Burnham, Manager of Volunteer Resources
Newark-Wayne Community Hospital & DeMay Living Center
P.O. Box 111, 1200 Driving Park Avenue
Newark, NY 14513
3. Give the “DOCUMENTATION OF NUMERIC GRADE” form (page 12) to your current school counselor / registrar and ask him/her to return to you. Include it with your application packet.
4. **After Entire Application is Complete:** mail to:

Mrs. Marie Burnham, Manager of Volunteer Resources
Newark-Wayne Community Hospital & DeMay Living Center
P.O. Box 111, 1200 Driving Park Avenue
Newark, NY 14513
5. Note: The application (all attached pages) must be fully completed and received before application submission is complete.

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

CURRENT CAREER PLAN: _____

Summer Student Volunteer Intern Application

----- Please print -----

Date _____

Name _____ Age _____ Birth Date _____

CONTACT INFORMATION

E-mail Address _____

Phone _____ Cell Phone _____

Address/Town/Zip _____

Parent/Guardian Name _____ Parent E-mail _____

Emergency Contact _____
(first name) (last name) (phone) (relationship to you)

Family Member(s) affiliated with Rochester Regional Health, if any:

_____ (name) (relationship) (location) (position)

_____ (name) (relationship) (location) (position)

EDUCATION AND EMPLOYMENT HISTORY

High School _____ Current Grade Level (or grad) _____

College _____ Degree Program/Major _____

Name of Advisor/Mentor _____

Advisor Phone _____ Advisor e-mail _____

Current Employer _____ Position _____

Employment Schedule _____

Sports/Activity Schedule _____

Physical restrictions, if any _____

AVAILABILITY - Select all that would work for you:

Morning (8 am – 12 pm) Afternoon (12 pm – 4 pm)

REFERENCE CHECKING INFORMATION

For reference purposes, have you ever been known by any other name?

Yes _____ No _____

If yes,
What was that name? _____

When were you known by that name? _____

Have you ever been convicted of a crime? _____

If yes, describe in full: _____

PLEASE READ AND SIGN

- I understand that any falsification of information on this application may result in immediate termination of the application process or internship position with Rochester Regional Health.
- I authorize Rochester Regional Health to contact my references.
- I understand that my acceptance as an intern is contingent upon my passing NYS health requirements.
- I understand that an intern 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.
- I understand that my internship at any affiliate of Rochester Regional Health is voluntary and not an offer of employment, will not be compensated, and may be terminated by Rochester Regional Health at their sole discretion at any time, without prior notice.
- Upon completion of internship, I will participate in program evaluation and return flu badge, and volunteer uniform to Newark Volunteer Office.

Signature of Applicant _____ **Date** _____

_____ **Date** _____

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

THANK YOU FOR YOUR INTEREST IN THE NWCH & DLC SUMMER PROGRAM ☺

BACKGROUND & REFERENCE CHECKING AUTHORIZATION

All information provided by me as part of my application for volunteering 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 from volunteering or in my discharge.

I understand and agree that as part of its evaluation of my suitability for volunteering, **Newark-Wayne Community Hospital** should receive consumer reports and/or investigative consumer reports, which will contain information and opinions pertaining to my educational background, previous work experience and work-related qualifications, behavior and character.

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act*, as well as Article 23-A of the New York Corrections Law, and this authorization. I certify that I understand the documents I have received. I further understand that I have the right to request information from Newark-Wayne Community Hospital about the nature and scope of any investigative consumer report on me that is requested by **Newark-Wayne Community Hospital**, provided the request is made in writing and within a reasonable period of time after I have received this disclosure.

I therefore, knowingly and voluntarily, authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by RBA. I further specifically consent to the disclosure of information and opinions concerning me contained in files of the educational institutions I have attended or am currently attending, and personnel files of my current and former employers and provided by other individuals and entities, including personal and professional references, to RBA Staffing (RBA) acting on behalf of **Newark-Wayne Community Hospital**.

I also 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 acting on behalf of **Newark-Wayne Community Hospital**. I also authorize RBA 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 to **Newark-Wayne Community Hospital** 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, I should contact RBA in writing at, 150 State St. Suite 400, Rochester, New York 14614.

This authorization, in original or copy, shall be valid for this and any future reports and updates that may be requested. These consumer reports and/or investigative consumer reports may be obtained at any time after the receipt of my authorization and, if I am accepted by **Newark-Wayne Community Hospital**, and throughout my volunteering. I intend that a copy of this Authorization be as valid as the original.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in a volunteer application or that I otherwise disclose during my volunteering may be used to obtain consumer reports and/or investigative consumer reports. I also understand that the information I provide regarding my date of birth will be used for the sole purpose of accurately gathering the above mentioned information, and will not be used to discriminate against me in violation of any state or federal law. RBA and **Newark-Wayne Community Hospital** will retain this form as required by law, in a secure location to ensure confidentiality.

Applicant Name PRINTED (First Name, MI, Last Name)	Social Security Number	
Other Last Names/Alias/AKAs used in last 7 years	Applicant's Date of Birth	Date
Driver License Number and State of Issue		

Please list all ADDRESSES that you have lived in within the last seven (7) years including the current one:

Address	City/State	Years of Residency		Zip Code
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

Parent Signature (if under 18)

Applicant Signature



BACKGROUND & REFERENCE CHECKING DISCLOSURE

In connection with your volunteer application and for other such purposes, **Newark-Wayne Community Hospital** may seek background information about you from RBA Staffing (RBA), a consumer reporting agency. This information may be in the form of a consumer report and/or an investigative consumer report.

These reports may be obtained at any time after **Newark-Wayne Community Hospital** receives authorization from you, including any time during the period of your volunteering if **Newark-Wayne Community Hospital** accepts you as a volunteer.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your character, general reputation and other characteristics that is expected to be used for volunteer or employment purposes. Consumer reports may include criminal records and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports, but they are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you. You have the right to request information from **Newark-Wayne Community Hospital** about the nature and scope of any investigative consumer report on you that is requested by **Newark-Wayne Community Hospital**. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

RBA will obtain the reports for Newark-Wayne Community Hospital.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA), and a copy of Article 23-A of the New York Corrections Law, are being offered to you with this disclosure.

BACKGROUND & REFERENCE CHECKING VOLUNTEER RELEASE OF CLAIMS

I understand that the information and opinions concerning me disclosed to RBA Staffing (RBA), and from RBA to **Newark-Wayne Community Hospital** may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, RBA, 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 attorney's fees, which have arisen or may arise in the future related to the information and opinions provided to RBA and from RBA to **Newark-Wayne Community Hospital**.

I understand that my execution of this Release is a condition of my being considered for volunteering by **Newark-Wayne Community Hospital**. My execution of this Release is for the benefit of **Newark-Wayne Community Hospital**, my current and former educators and employers, and RBA, 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.

Applicant Name PRINTED

Applicant Signature

Social Security Number

Date

Rochester Regional Health

Service Standards of Performance

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 while interning with Rochester Regional Health.

Print Name: _____

Signature: _____ **Date:** _____

ESSAY OF INTENT

I, (Name) _____, am applying to be a Summer Student Volunteer Intern. Below (or stapled to this “Essay of Intent”) is my brief and to-the-point 150-200 word essay explaining why I want to participate as a student intern in the Summer Program. My signature below verifies the following:

- I understand that writing and submitting this Essay does not guarantee that I will be accepted into the program.
- I understand that this Essay is an important part of the application process because it expresses how the Student Internship program will help me attain my personal goals.
- The thoughts and words written below are my own and were not plagiarized, dictated, or written by someone other than me.

Student Signature

Date

(If your essay requires more space, please write or type separately and attach.)

APPLICANT AGREEMENT

You have expressed an interest in becoming a Summer Student Volunteer Intern with Newark-Wayne Community Hospital & DeMay Living Center. An understanding of the requirements re: the application, the interview and the placement considerations for the program is essential. Therefore, please carefully review the following program requirements:

1. You must be enrolled in a high school, undergraduate collegiate or advanced learning program when you begin the Summer Student Volunteer Intern Program.
2. You intern with the understanding that activities may include contact with medical records, deliveries, dietary service, patient escort, clerical work, visiting people who are ill, etc.
3. You realize that interning is your responsibility and should be taken very seriously. You agree to attend your agreed-upon shift in the position that you are assigned. You will follow all rules and regulations established and be regular in attendance.
4. You are at your assigned site/location for the duration of your scheduled shift and shall not leave the campus during your assignment. Excessive socializing on the premises may result in dismissal from the program.
5. You will need to coordinate transportation to and from your placement site/location.
6. Business casual dress, student ID card and volunteer uniform are required and must be worn at all times. A flu badge is required in flu season.
7. Research has shown that the perception of patients regarding their care is directly linked to attire. In addition, many NYS health mandates are in effect. As a result, the following are not permitted: jeans, capris, short skirts, denim, sweat/track pants, clothing with advertising or other writing, open-toed shoes, hats/caps/hoods, excessive jewelry and tight or provocative clothing. Failure to abide by the dress code exempts the student from the program until proper dress has been attained.
8. The volunteer uniform and flu badge must be returned when the internship is completed.
9. For the purposes of professionalism, the use of cell phones, laptops, personal iPods, iPhones, and other similar equipment is strictly prohibited.
10. The Cafeteria is the appropriate place for the consumption of food and drink; please do not eat or drink in hallways or clinical areas.
11. Rochester Regional Health reserves the right to dismiss a student intern if the action is in the interest of Rochester Regional Health and the student intern. Dismissal could result from things such as failure to comply with hospital rules and regulations, absenteeism, failure to observe the dress code or abide by Rochester Regional Health Standards of Behavior.

I understand the contract terms, and have no questions or need of clarification. I agree to abide by the Summer Student Volunteer Intern Program requirements.

_____ Date _____
Student Applicant Signature

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

LETTER OF REFERENCE FORM (to be completed by a current school employee*)

(Applicant Name) _____ is applying to the Newark-Wayne Community Hospital & DeMay Living Center Summer Student Volunteer Intern Program. To get to know the applicant better and make an informed decision about the applicant's ability to participate, please complete the following letter of reference as soon as possible and return in the provided envelope. All information will be kept strictly confidential.

Student – please provide a stamped, NWCH-addressed envelope with your reference request.

Reference Name: _____

Address: _____
(Street) (City) (Zip Code)

How long have you personally known the applicant? _____

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Other _____
(meaning?)

Please check the following:

<u>Qualities/Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (use reverse side if needed)

Signature of Reference: _____ Date _____

Print Name of Reference: _____

Title: _____ School _____

*current school employee refers to any paid teacher, coach, guidance/career counselor, school counselor, etc., at current school

DOCUMENTATION OF NUMERIC GRADE OR GPA

(To be completed by the Student's Current School Guidance Counselor/Registrar)

Dear School Guidance Counselor/Registrar:

(Name) _____ is applying for the Newark-Wayne Community Hospital & DeMay Living Center Summer Student Volunteer Intern Program. A core requirement for student participation is a cumulative numeric grade level of 82% (GPA of 2.7) or higher.

Please complete the following information as soon as possible and return to the applying student.

Your Name: _____

Your Title/Position _____

School: _____ Daytime Phone: (____) _____

E-mail address: _____

I hereby verify that the above-mentioned student's cumulative numeric grade percentage/GPA is:

Signature of Registrar _____

Date: _____

Many thanks for assisting this student in his/her application for placement with the Newark-Wayne Community Hospital & DeMay Living Center Summer Student Volunteer Intern Program.

If you have any questions, please contact the Mrs. Marie Burnham, Manager of Volunteer Resources, at marie.burnham@rochesterregional.org. or 315-332-2273.

