

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

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 photo 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 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: _____ Grad: _____
year

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	_____
Escort	_____	Recycling	_____
Patient Interaction	_____	Resident Interaction	_____
Spiritual Care	_____	Events	_____
Knit/Crochet/Sew	_____	Greeter	_____
Music	_____	Elder Daycare	_____

- 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 ☺

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:	
		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 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?

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

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

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

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

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 _____

