



## EASTERN REGION

Dear Prospective College Intern:

Thank you for your interest in the Eastern Region of Rochester Regional Health.

In preparation for your internship, we require the attached application to be completed and returned to the Newark Volunteer Office (address below).

We also require a current affiliation agreement between Rochester Regional Health and your college. We will need to establish the agreement, if it is not already in place.

More application 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](mailto:marie.burnham@rochesterregional.org)

phone: 315-332-2273

fax: 315-332-2388

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EASTERN REGION

## APPLICATION INSTRUCTIONS

### Steps Required:

1. Establish internship opportunity with respective department.
2. Submit completed application to Newark Volunteer Office (address below).
3. Medical clearance – submit copy of immunizations (proof of MMR, one PPD within the last 12 months, and flu shot in flu season) to Newark Volunteer Office (address below).
4. Pick up orientation packet from Newark Volunteer Office.
5. Complete Student Orientation Packet.
6. Schedule an appointment Newark Volunteer Office. Bring signed, completed Orientation documents, student ID card, and copy of photo ID; pick up flu badge (in flu season).
7. Intern in assigned department under staff supervision.
8. Afterwards, provide feedback and completed timesheet to Newark Volunteer Office.

### Newark Volunteer Office:

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

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

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

LOCATION REQUESTED: \_\_\_\_\_

**College 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 year grad) \_\_\_\_\_

College \_\_\_\_\_ Degree Program/Major \_\_\_\_\_

Name of Advisor/Mentor \_\_\_\_\_

Advisor Phone \_\_\_\_\_ Advisor e-mail \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Employment Schedule \_\_\_\_\_

Sports/Activity Schedule \_\_\_\_\_

**AVAILABILITY**

Times Available:		Morning		Afternoon		Evening	
Days Available:	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Physical restrictions, if any \_\_\_\_\_

**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 advisor, mentor and/or employer.
- 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 ensure that my timesheet is up-to-date and provide feedback to the 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 RRH EASTERN REGION ☺

# 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 while interning with Rochester Regional Health.***

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

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

## APPLICANT AGREEMENT

You have expressed an interest in becoming a Student Intern with RRH Eastern Region. 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 Student Internship 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 and ID Badge 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. Accurately maintain provided timesheet showing hours spent.
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 Student Intern Program requirements.

\_\_\_\_\_ Date \_\_\_\_\_  
Student Applicant Signature

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