

**ROCHESTER**  
REGIONAL HEALTH

EASTERN REGION

Dear Prospective Student Intern:

Thank you for your interest in the Eastern Region of Rochester Regional Health. 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](mailto:marie.burnham@rochesterregional.org)

phone: 315-332-2273

fax: 315-332-2388

attach. – I

## **APPLICATION INSTRUCTIONS**

### **Steps Required:**

1. Submit completed application to Newark Volunteer Office (instructions and address below).
2. Interview at Newark Volunteer Office, bring in photo ID and color copy of photo ID; pick up orientation packet.
3. Medical clearance – submit copy of immunizations (MMR, one PPD within last year, and current 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. Read Student Intern Orientation Packet.
6. Return completed/signed Orientation documents at wrap-up session, bring in student ID card for use while interning, and pick up flu badge (in flu season) at Newark Volunteer Office.
7. Intern in assigned department under staff supervision; e-mail internship hours to Newark Volunteer Office at each month-end.
8. Afterwards: ensure that timesheet is up-to-date, provide feedback, and return system ID badge (if issued) to Newark Volunteer Office.

### **Application Submission Instructions:**

1. Complete pages 3-9 of the Application and sign where indicated.
2. Give “LETTER OF REFERENCE FORM” (pages 10 & 11) to two employees of current school (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, Driving Park Avenue  
Newark, NY 14513

NOTE: you may utilize copies of references already submitted to the clinical program.

3. Give the “DOCUMENTATION OF NUMERIC GRADE” form (page 12) to your 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](mailto:marie.burnham@rochesterregional.org) or 315-332-2273.

**ROCHESTER**  
REGIONAL HEALTH  
EASTERN REGION

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

**High School Student Intern Application**

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

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

**CONTACT INFORMATION**

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home 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 \_\_\_\_\_

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 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.
- I will e-mail monthly internship hours to Newark Volunteer Office and, 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 \_\_\_\_\_

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

**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.

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

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

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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:** \_\_\_\_\_

**ESSAY OF INTENT**

I, (Name) \_\_\_\_\_, am applying to be a High School Student Intern with RRH Eastern Region. Below (or stapled to this page) is my brief and to-the-point 150-200 word essay explaining why I want to participate as a student intern in the Eastern Region. 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.

<b>Student Signature</b>	<b>Date</b>

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



## **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)



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

(Applicant Name) \_\_\_\_\_ is applying to the Rochester Regional Health Student 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><b>Qualities/Characteristics</b></u>	<u><b>Excellent</b></u>	<u><b>Good</b></u>	<u><b>Fair</b></u>	<u><b>Poor</b></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** \_\_\_\_\_

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



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

(Applicant Name) \_\_\_\_\_ is applying to the Rochester Regional Health Student 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** \_\_\_\_\_

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



## 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 Rochester Regional Health Student 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 Rochester Regional Health Student Intern Program.

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

