



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

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 NWCH 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 NWCH Volunteer Office (address below).
4. Pick up orientation packet from NWCH Volunteer Office; bring a photocopy of your ID with you.
5. Schedule wrap-up session at NWCH Volunteer Office; bring completed orientation documents and student ID card.
6. Intern in assigned department under staff supervision; e-mail hours interned to NWCH Volunteer Office each month-end.
7. Afterwards, provide feedback and completed timesheet to NWCH Volunteer Office.

Newark-Wayne Community Hospital 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 Mrs. Marie Burnham, at 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

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)