



DEPARTMENT OF VOLUNTEER AND STUDENT SERVICES

Please read carefully before filling out application!

Dear Prospective Volunteer or Intern:

Thank you for your interest in volunteering and/or completing your internship at Maimonides Medical Center. Please complete and return the enclosed application and questionnaire. We will call you to schedule an interview when it appears likely that appropriate placements will be available. Due to the large volume of applicants, we cannot guarantee volunteer placement in your preferred area at any given time.

When filling out the forms, please print legibly.

Under "**Employment**," check the box 'Student'. Under "**Languages Spoken**," list only those in which you are fluent. Under "**Education**," give the school and the grade you are in now.

Prior to beginning volunteer service or internship, volunteers and interns must be scheduled for an **interview**, submit a Parent Permission and School Evaluation forms, have a criminal background check completed if 18 years old and over, and attend a mandatory **orientation** that is conducted by the Department of Volunteer and Student Services.

All volunteers and interns will require medical clearance prior their start date. **Medical forms are required to be completed by the applicant's private physician upon acceptance to the program.** Completed medical forms will be submitted to Employee Health Services and clearance may take 10 to 15 business days.

Although most volunteers serve more, the minimum time commitment is two three-hour shifts per week. We consider consistency more important than quantity of hours. We are coordinating the schedules of many volunteers; therefore, we must be able to depend on your attendance.

For those whose ultimate goal is to seek employment, please be aware that, while it can be a valuable experience, **volunteer service at the hospital does not lead to paid employment at Maimonides Medical Center.** We are happy to provide references for volunteers whose service has been satisfactory, and **we require at least 150 hours of service** before we can do a letter of recommendation. Of course, we hope that you will serve far more than 150 hours and join the ranks of dedicated volunteers who remain with us for many years.

As individuals, our volunteers have varied skills, interests and preferences, which we try to accommodate. Our primary goal is to meet the needs of the patients who depend on the hospital for their well-being. As a volunteer, your greatest satisfaction will come from knowing that you are helping others in the community.



APPLICATION FOR VOLUNTEER AND STUDENT SERVICES

DATE: _____

LAST NAME, FIRST NAME		Phone Numbers		E-mail Address		Date of Birth
		Home				
		Work				
		Cell				
Address (Include Apartment Number)				City	State	Zip Code
Emergency Notification	Name	Phone Number		Address (Street, City, State, Zip)		Relationship
		Home				
		Work				
		Cell				
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Green Card <input type="checkbox"/> Visa – Type: _____						
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other						
Employment	<input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Retired <input type="checkbox"/> Workfare		<input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Seeking work <input type="checkbox"/> Unemployed		Languages Spoken (other than English)	
Education	Current or Last School Attended	Level of Education Completed		Interests/ Skills / Major		

Previous Volunteer Work / Community Service:

Volunteer / Student Enrollment Agreement

I, the undersigned, an applicant for volunteer service or clinical rotation at Maimonides Medical Center ("Medical Center"), do hereby give my personal authorization to release information of both an oral and written nature, regarding my past employment, school attendance, past volunteer service or affiliations with entities mentioned on the application and criminal background. I understand that the information received from the individuals or institutions by the Medical Center will be held in confidence.

If accepted for volunteer service or clinical rotation, I hereby agree to abide by all rules and regulations of Maimonides Medical Center. This includes, but not limited to, wearing designated volunteer or student uniforms and identification badges. I understand that I am obligated to maintain an accurate record of my hours of service in my assigned department as a volunteer or student at the Medical Center. My failure to maintain such record and/or to abide by any of the Medical Center's policies and procedures may result in the immediate termination of my volunteer duties or clinical rotation at the Medical Center.

I acknowledge that as a volunteer or as a student in a clinical rotation, I am not an employee of the Medical Center. I understand and agree that any time spent for volunteer service or clinical rotation at the Medical Center is for my own benefit and knowledge. While volunteering or during clinical rotations, I will not perform any duties or responsibilities normally performed by a Medical Center employee.

As a volunteer or a student, I am not entitled to any compensation, including but not limited to, the New York minimum wage requirements, health insurance benefits, retirement benefits, and/or unemployment insurance benefits. Further, as a volunteer or a student, I am not guaranteed any offer of future employment and/or placement into a residency program.

I understand that in the course of my volunteer duties or clinical rotation I might learn privileged information of a medical, financial, or personal nature, and that all such information must be treated as strictly confidential. I agree not to disclose any information I learn about patients or their family members to anyone except a staff member. I also agree that any conversations I may have with staff about patients or their families in the course of my duties will be held in private where they cannot be overheard. I understand that unauthorized disclosure of confidential information will be grounds for immediate termination of volunteer service or clinical rotation.

Signature

Date

Please print name



VOLUNTEER AND STUDENT SERVICES

**Volunteer Program
Parent Permission Form**

Date: _____

I, the undersigned parent/ legal guardian of _____,
Minor's First and Last Name

request and authorize the enrollment of my son/daughter/ward in the Maimonides Medical Center Volunteer Program.

If my son/daughter/ward sustains an injury or accident, which requires emergency medical treatment while he/she is performing volunteer duties in the program, I give my consent for such medical treatment to be given at the Maimonides Medical Center Emergency Room or the closest emergency center.

Signature

Please print name

Number Street

City State

Telephone Number

Relationship



4802 Tenth Avenue
Brooklyn, NY 11219

Tel: 718-283-3980
FAX: 718-635-6145

www.maimonidesmed.org

ITEER AND STUDENT SERVICES

**School Counselor/Teacher's Confidential
Evaluation and Recommendation**

Your student _____ has applied for volunteer service at
Student's First and Last Name

Maimonides Medical Center. We would appreciate your time filling in the following information.
Thank you for your cooperation.

	Excellent	Good	Fair	Poor
School attendance and punctuality				
Alertness				
Maturity				
Ability to follow directions				
Cooperation with authority				
Personal appearance and demeanor				
Academic performance				

Is the student passing all major subjects? Yes No

What type of volunteer assignment would you consider most appropriate for this student?

- Patient Care (Nursing Unit)
- Clerical / Office
- Service Occupation (Food & Nutrition, Laundry, Warehouse)

I recommend this student for volunteer service: Yes No With Reservations

School

Signature

Address

Print Name and Title

Telephone Number

Date



DEPARTMENT OF VOLUNTEER AND STUDENT SERVICES

VOLUNTEER / STUDENT QUESTIONNAIRE

Name _____ Date _____

Telephone number where you can be reached during the day:

Were you referred to us by an individual or organization? Please provide the name:

Briefly explain your reasons for wishing to volunteer and/or do internship at Maimonides Medical Center:

What type of volunteer assignment are you interested in? (You may check more than one)

- Direct Patient Care (please specify) →

<input type="checkbox"/> Companion (18+ years old)	<input type="checkbox"/> Hospitality (18+ years old)	<input type="checkbox"/> ER
<input type="checkbox"/> Cuddler (21-75 years old)	<input type="checkbox"/> Child Life	<input type="checkbox"/> Feeder
- Office/Clerical
- Ladies Auxiliary (Patient Library)
- Research
- Other (please specify) _____
- Support Services (please specify) →

<input type="checkbox"/> Food & Nutrition	<input type="checkbox"/> Laundry
<input type="checkbox"/> Refreshment Cart	<input type="checkbox"/> Patient Transport

Please list areas of training and/or experience and specific skills you have. (e.g., degree or certification, types of jobs you have had, typing, computer skills, etc.)

What days and hours would you wish to serve on a regular basis? (Please note that most office assignments are limited to Monday – Friday, 9:00 a.m. to 5:00 p.m.; patient care assignments may be available early evenings and weekends.)

What special qualities can you contribute that will help Maimonides Medical Center fulfill its mission of providing high quality patient care and servicing the needs of the community?



VOLUNTEER AND STUDENT SERVICES

Dress Code

All MMC volunteers, students, and Summer Youth Program participants are required to abide by the Medical Center's dress code. Please note the following:

Allowed

Professional Attire:

- Button-down Collar Shirts (tucked in)
- Polo Shirts (tucked in)
- Slacks
- Blouses (with sleeves)
- Skirts (to the knee with pantyhose)
- Dresses (to the knee with pantyhose)
- Shoes (must be totally closed)
- Black Sneakers (only if allowed by Dept. Head or Program)

Not Allowed

- Provocative Clothing
- T-Shirts
- Tank or Crop Tops
- Baggy or Cargo Pants
- Tight Pants
- Mini Skirts or Skorts
- Jeans, Leggings or Jeggings
- Sweatpants or Sweatshirts
- Shorts or Capris
- Sandals, Slippers or Crocs
- Open-toed Shoes
- Sneakers or Converse
- Baseball Caps or Durags
- Large or Excessive Jewelry
- Excessive Facial Piercings
- Artificial or Long Nails
- Excessive Perfume or Cologne

All clothes must fit and cannot be worn improperly

PLEASE SIGN, PRINT YOUR NAME, AND DATE:

I understand Maimonides Medical Center's dress code and acknowledge that I will not be allowed to report to work if I am not dressed appropriately.

Therefore, I agree to abide by Maimonides Medical Center's Dress Code.

Signature

Date

Please Print First & Last Name