Maimonides
Medical Center

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.

Maimonides Medical Center

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

	Name	Phone Number	Address (Street, City, State, Zip)	Relationship
Emergency Notification		Home		
		Work		
		Cell		

Are You a U.S. Citizen? □ Yes □ No □ Green Card □ Visa – Type: _____

□ Female □ Male □ Other

Employment	□ Employed full time □ Employed part time □ Retired □ Workfare	□ Student □ Homemaker □ Seeking work □ Unemployed	Languages Spoken (other than English)
Education	Current or Last School Attended	Level of Education Completed	Interests/ Skills / Major

Previous Volunteer Work / Community Service: _____

_____

_____

_____

Have you ever volunteered at Maimonides? □ Yes □ No

If yes, please complete: Dates _____ Department _____ Title _____

Maimonides
Medical Center

4802 Tenth Avenue Tel: 718-283-3980 www.maimo.org
Brooklyn, NY 11219 FAX: 718-631-6145 volunteer@maimo.org

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 of 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

Revised 11/13/2024

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Brooklyn, NY 11219
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FAX: 718-635-6145
www.maimo.org
volunteer@maimo.org

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

Reissued 8/19/2025

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VOLUNTEER 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

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Maimonides
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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) →
  - ☐ Companion (18+ years old)
  - ☐ Cuddler (25-70 years old)
  - ☐ Family Ambassador (Weekend Program)
  - ☐ Hospitality (18+ years old)
  - ☐ Child Life
  - ☐ ER
  - ☐ Feeder
- ☐ Office/Clerical
- ☐ Refreshment Cart
- ☐ Chaplaincy/Pastoral Care
- ☐ Research
- ☐ Other (please specify) _____
- ☐ Support Services (please specify) →
  - ☐ Food Service
  - ☐ 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?*

_____

Maimonides
Medical Center

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